

In re [], On Habeas Corpus
[] County Superior Court No.:
[] Appellate District No.:
Related Appeal Nos.:

Associate Counsel Agreement

Appellate attorney [counsel's name], has been appointed by the [] County Superior Court to represent the petitioner, [petitioner's name], in habeas corpus proceedings in the juvenile court of [] County in the above-cited action. The appointment was made upon the order of the [Third] District Court of Appeal in its opinion issued on [date]. On [date], the Court of Appeal expanded [counsel's name] appointment in case number [] to include representing [petitioner] in the habeas proceedings. On [date], the Court of Appeal further expanded [counsel's name] appointment to include permission for [counsel's name] to associate [trial attorney name] in the case for purposes of conducting the evidentiary hearing in the habeas proceedings.

[Trial attorney name] agrees to associate with [counsel's name] for purposes of assisting in the representation of [petitioner] in the habeas proceedings. [Trial attorney name] will be responsible for appearing on pre-trial matters and conducting the hearing, including examining witnesses and presenting oral argument before the juvenile court. [Counsel's name] will assist [trial attorney name] in providing factual information about the case, conferring about trial strategy, conducting legal research and briefing any issues that [trial attorney name] or the juvenile court may require.

[Trial attorney name] is informed that [counsel's name] may be called as a witness to testify on behalf of [petitioner] and that [s/he] has obtained [petitioner]'s informed, written consent for [counsel's name] to serve as counsel.

[Counsel's name] will pay [trial attorney name] \$75.00 per hour for [his/her] services and reimburse [him/her] for expenses according to the compensation claim state guidelines for court-appointed appellate counsel. [Trial attorney name] will submit a bill to [counsel's name] at the conclusion of [his/her] services and attach to the bill a completed "Associate Counsel" form required by the Administrative Office of the Courts and [name project]. [Note: the form can be obtained from the CCAP website at: <http://www.CapCentral.org> by selecting **Claims Corner** page and then the blue link for the **Associate Counsel Form**] The form should indicate that the Court of Appeal case number is []. [Counsel's name] will pay [trial attorney name] within 30 days of receipt of [his/her] bill. [Note: may want to modify this to say appellate attorney will submit final compensation claim as soon as case concludes and will pay trial attorney immediately upon receipt of payment of claim by the AOC.]

In signing this agreement, [trial attorney name] acknowledges receipt of the Court of Appeal order permitting him to associate in this case and the "Associate Counsel" compensation claim form attachment.

AGREED: _____
Trial Attorney

Date:

AGREED: _____
Appellate Attorney

Date: