



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO**
Application for Appointment to the
Probate Court Appointed Counsel Panel

Name (Last, first, middle initial)	Telephone number
Mailing Address	Fax/Cellular Telephone Number
City	State
Zip	Email Address

Please complete the following questionnaire, and provide required information as requested:

1. Date of Admission to California Bar: _____ Bar #: _____
 Active member of Bar: Yes No

2. Name Malpractice Insurance Carrier is _____, policy number is _____
 and coverage is \$ _____ per claim.

3. Professional Work History:

Employer	Position	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of years of experience in the practice of Probate: _____

Approximately what percentage of your present practice is devoted to Probate matters: _____

4. Categories of cases for which you wish to be appointed:

- | | |
|--|--|
| <input type="checkbox"/> Conservatorship (Certification of Attorney Concerning Qualifications for Court Appointment, GC-010 form, is attached) | <input type="checkbox"/> Public Benefits
___ # of cases handled |
| <input type="checkbox"/> Guardianship (Certification of Attorney Concerning Qualifications for Court Appointment, GC-010 form, is attached) | <input type="checkbox"/> Elder Abuse
___ # of cases handled |
| <input type="checkbox"/> W&I Mental Health | <input type="checkbox"/> Special Needs Trust |

- | | | | |
|--------------------------|--|--------------------------|----------------------------------|
| | ___ Years of experience | | ___ Years of experience |
| <input type="checkbox"/> | Decedent Estates
___ Years of experience | <input type="checkbox"/> | Trust
___ Years of experience |
| <input type="checkbox"/> | PC 3100 Spousal and Domestic Partner
Transactions
___ # of cases handled | <input type="checkbox"/> | Tax
___ Years of experience |

6. Bilingual Yes Fluent languages _____
 No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed ___ day of _____, 20___, at Sacramento, California.

Printed Name

Signature

****Applicants wishing to be appointed by the court in conservatorship or guardianship cases must include the Judicial Council's for Certification of Attorney Regarding Qualifications for Court Appointment in Conservatorships and Guardianships (GC-010).**

Please return applications to:

Superior Court of California, County of Sacramento
William R. Ridgeway Family Relations Courthouse
Attn: Administration, Room 318
3341 Power Inn Road
Sacramento, CA 95826