SUPERIOR COURT OF CALIFORNIA, COUNTY OF	FOR COURT USE ONLY	
STREET ADDRESS:	TORROGEN GOL GIVE	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PEOPLE OF THE STATE OF CALIFORNIA		
VS.		
DEFENDANT:		
	CASE NUMBER:	
DECLARATION OF COUNSEL FOR APPOINTMENT IN CAPITAL CASE		
I request appointment under rule 4.117 of the California Rules of Court (please check 1 or 2):		
1.  My qualifications are set forth in the declaration on file with this court.		
2. My qualifications are (attach additional sheets if necessary):		
a.   I am an active member of the State Bar of California. My State Bar num	nber is:	
b.		
c.  I have the following criminal or civil trial experience (specify case name	number county.	
judge, and your role, including whether you were lead or associate cou		
d.		
county, judge, and your role, including whether you were lead or assoc		
e.	nd forensic	
evidence (specify):		
f. In the past (specify): years, I have completed (specify):	hours of specialized	
training in the defense of persons accused of capital crimes (specify na	iture oi training):	
g.  I have ongoing consultation support from the following experienced dea (name and address):	ath penalty counsel	
(name and address).		
h.   I am certified by the State Bar of California's Board of Legal Specializat	ion as a	
criminal law specialist.	ion as a	
I declare under penalty of perjury under the laws of the State of California that the fo	regoing is true and correct.	
Date:		
(TYPE OR PRINT NAME)	(SIGNATURE)	 1 of 1

