

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF CALIFORNIA**



**CRIMINAL JUSTICE ACT
MENTORSHIP/ATTORNEY DEVELOPMENT PROGRAM
ATTACHMENT A**

COMPLETE, SIGN, AND DATE

I understand that submitting this application does not provide an entitlement for participation in the Criminal Justice Act - Attorney Development (CJA-ADP) program or Mentorship program; rather, the information will be used by the Court and the selection subcommittee to determine which applicants will be selected for these programs. I understand that failure to provide true and correct information in answer to any questions on this form will be grounds for disqualification from these programs. I certify that I have read and understand the above and agree to it.

Dated: _____

Signature

COMPLETE, SIGN, AND DATE

PROFESSIONAL EXPERIENCE INQUIRY AUTHORIZATION AND WAIVER FORM

I hereby authorize the administrators of the disciplinary and inquiry bodies of any court, bar or other association to disclose to the Criminal Justice Act Administration Committee of the Northern District of California all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive whatever right I may have to confidentiality of the foregoing information.

I also hereby authorize the custodian of any records or information related to my application for the Criminal Justice Act Panel of the Northern District of California to permit the examination or receipt of such records and/or information by anyone designated by the Criminal Justice Act Administration Committee.

Print or Type Name

Signature

Social Security Number

Date Signed

COMPLETE, SIGN, AND DATE

**STATE BAR OF CALIFORNIA
RELEASE OF ALL CLAIMS FORM**

I hereby release, discharge and exonerate the State Bar of California, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or the information or the investigation made by the State Bar of California.

The undersigned further waives all rights or benefits which the undersigned now has or in the future may have under the terms of § 1542 of the Civil Code of the State of California, which said section reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executive the release, which if know by him must have materially affected his settlement with the debtor."

Print or Type Name

Signature

Social Security Number

Date Signed