

COMPLETE, SIGN, AND DATE

I understand that attorneys are selected to serve on the panel at the pleasure of the Court to represent indigent defendants; that this application only provides information for the use of the Court to select members of the panel and does not create entitlement for participation on the panel or appointment to cases; and that panel attorneys are subject to removal by the Court. I understand and agree that representation of an indigent client upon appointment by the Court is a professional privilege and duty, subject to the Court's discretion, and even if I am placed on the panel, I have no "right to appointment" to represent any indigent client. I agree to abide by the terms and conditions of the Court's CJA governing documents. I understand that failure to provide true and correct information in answer to any of the questions on this form will be grounds for denial of panel membership or removal from service on the panel. I certify that I have read and understand the above and agree to it.

Dated: _____

Signature

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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

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**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

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ADDENDUM TO APPLICATION FOR MEMBERSHIP ON CJA PANEL,
U.S. DISTRICT COURT, NORTHERN DISTRICT OF CALIFORNIA

_____, a current or prospective member of the CJA Panel for
the U.S. District Court, Northern District of California, agrees to the following:

1. Any voucher submitted for payment of fees and expenses for work performed in a case assigned to me as a member of the CJA Panel may be reviewed by the Fee Review Committee for the U.S. District Court, Northern District of California.
2. I understand that neither the Fee Review Committee's recommendation nor the final decision of the court is subject to review.

Dated: _____

Signature of Panel Member /Applicant