

Superior Court of California County of Orange **ANNOUNCEMENT**

1/26/24

Family Law Division Opens Application Process For

Pro Bono Services List- Servicemember Civil Relief Act

The Family Law division of Orange County Superior Court has opened the application process to establish a list of available counsel for appointment of pro bono services per the Servicemember Civil Relief Act (SCRA). The application process will close **February 16, 2024.** Please see the attached Information Sheet and Declaration form for further details.

INFORMATION SHEET

DECLARATION RE: ATTORNEY QUALIFICATIONS FOR PRO BONO REPRESENTATION PURSUANT TO SERVICEMEMBERS CIVIL RELIEF ACT, 50 U.S.C. App. § 501 ET SEQ.

On a yearly basis, the court will establish a list of available counsel for appointment of pro bono services per the Servicemember Civil Relief Act. The application period will open every January and the list will be established by March 1st. Counsel will remain on the designated list from March 1st through March 1st of the following year.

Counsel may apply to be placed on the list by completing the "Declaration Re: Attorney Qualifications for Pro Bono Representation" in its entirety and submit the signed form to the Administrative Assistant noted below by **February 16, 2024.**

Counsel will be notified of approval status before March 1st. Once approved, counsel will be provided further details regarding the appointment process. Cases will be assigned to counsel on a rotation basis.

The completed Declaration Re: Attorney Qualifications for Pro Bono Representation should be submitted via email to:

Lauren Fisher, Administrative Assistant Email: Ifisher@occourts.org
Phone number: 657-622-5060

| ATTORNEY: | | ′ : | FOR COURT USE ONLY | | |
|--|----------------|---|---|--|--|
| NAME: | | BAR NO.: | | | |
| STREET ADDRESS: | | | | | |
| CITY | CITY: | | | | |
| TELE | TELEPHONE NO.: | | | | |
| E-MAIL ADDRESS: | | | | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205 | | | | | |
| | | DECLARATION RE: ATTORNEY QUALIFICATIONS FOR PRO BONO REPRESENTATION PURSUANT TO SERVICEMEMBERS CIVIL RELIEF ACT, 50 UNITED STATES CODE APPENDIX SECTION 501 ET SEQ. | | | |
| l, | | , decl | are that: | | |
| LICE | NSIN | IG | | | |
| 1. a. | | I am an active member in good standing of the State Bar of California. B | ar Number: | | |
| | | | Admission: | | |
| | | OR | | | |
| b. | | I am an attorney in good standing and eligible to practice before the bar highest court in any state, territory, or insular possession of the United California Rules of Court. Bar number: Date of Court of Admission: | States under rule 9.41(a) of the Admission: | | |
| | | OR | | | |
| C. | | I am a registered legal aid attorney qualified to practice law in California California Rules of Court. I am an active licensee in good standing of the I am under the supervision of California attorney | bar. | | |
| INSURANCE | | | | | |
| 2. a. | | I am covered by professional liability insurance with limits no lower than \$ per year (or any higher limits required by local rule, if applicable). My insu | | | |
| | | Name: Address: | | | |
| | | Phone Number: Email Address: | | | |
| | | OR | | | |
| b. | | I am covered against professional liability at a level not lower than that in through my firm, employer, or government agency, as described below. | a. by a self-insurance program | | |
| | | | | | |
| | | | | | |

QUALIFICATIONS

3. I wish to be considered for appointment of pro bono representation under the Servicemember Civil Relief Act (SCRA) for Family Law matters. I agree that I am competent or will obtain the necessary competence to represent servicemembers in this capacity. I agree that I will not charge the servicemembers for my services or representation.

| attorney Name: | | | | |
|----------------|---|--|--|--|
| 4. | I have a minimum of 3 years' experience handling Family Law matters. (Explain the years and extent of relevant experience.) | | | |
| | | | | |
| DISCIPLINE | | | | |
| 5. a. □ | I have had no professional discipline from the California Bar or any other state or body authorized to discipline attorneys. | | | |
| | OR | | | |
| b. 🗆 | I have been subject to discipline by the California Bar or other state or body authorized to discipline attorneys. I am attaching an explanation that includes: (1) title of the disciplinary action; (2) action number and date; (3) nature of charge; and (4) resolution (including sanction imposed if any, date sanction imposed) and date disciplinary proceeding(s) terminated. | | | |
| 6. | While serving as a SCRA attorney, I agree to notify the Court if I am subject to professional discipline from the California Bar or any other body authorized to discipline attorneys. | | | |
| l declare ι | under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | |
| Date: | (SIGNATURE OF DECLARANT) | | | |