



Humboldt County Court Appointed Attorney Program Entrance and Renewal Certificate

The undersigned attorney hereby certifies, under penalty of perjury:

1. Approximately ____% of my total practice time is devoted to indigent defense cases.
2. I am familiar with the applicable guidelines, qualifications and processes set forth in the Humboldt County Court Appointed Attorney Program (HCAAP) adopted by the Board of Supervisors for attorneys appointed to represent indigent persons and that :
 - a. **Basic Qualifications:** I meet the minimum basic professional qualifications in Section IV for the following classes of criminal cases (circle all appropriate):
Class 1 Class 2 Class 3 Class 4
 - b. **Case Specific Qualifications:** I am familiar with the specific case qualifications in Section IV and will not accept appointment in a case as lead counsel unless I meet the qualifications for that case.
 - c. **Office:** I have access to an office that accommodates confidential meetings with clients, and I have a postal address and adequate telephone services to ensure prompt response to client contact.
 - d. **Investigators:** I have investigators available to me and will use investigative services as appropriate.
 - e. **Payment Guidelines:** I am aware of, and will comply with, Section VI regarding payment, billing, withdrawing from a case, and performance review. during representation of the defendant in my cases. I shall not accept appointment in a new case if I have a conflict that may adversely affect my ability to represent a client. I should not bill for non-allowable activities, and I will be timely with my billing submissions.
 - f. **Professional License:** Since the acceptance of my application to the HCAAP, or the submission of my last HCAAP renewal certificate (whichever is most recent), I have maintained a good standing with the California State Bar Association.

Signature, CSBA#

Date