

Parts in blue print are instructions to user, not to be included in filed document unless so noted.

*[Attorney's name, bar number
Address and telephone number
Email address and fax number if available]*

Attorney for Appellant *[Name]*

COURT OF APPEAL FOR THE STATE OF CALIFORNIA

FOURTH APPELLATE DISTRICT

DIVISION *[NUMBER]*

| | | |
|---|---|-----------------------------|
| In re <i>[CHILD'S INITIALS]</i> , |) | |
| |) | |
| [A] Person[s] Coming Under |) | |
| The Juvenile Court Law |) | COURT OF APPEAL |
| _____ |) | No. <i>[Number]</i> |
| |) | |
| <i>[SPECIFIC COUNTY & AGENCY</i> |) | |
| <i>TITLE]</i> , |) | |
| |) | SUPERIOR COURT |
| Plaintiff and Respondent, |) | |
| |) | No. <i>[Number]</i> |
| v. |) | |
| |) | |
| <i>[PARENT'S INITIALS]</i> [Mother/Father], |) | REQUEST TO BE |
| |) | RELIEVED |
| |) | AS COUNSEL ON APPEAL |
| Defendant and Appellant. |) | |
| _____ |) | |

I was appointed to represent appellant [mother/father], *[parent's first name & last initial]*, as appellant counsel on *[date]*. I have since determined I will be unable to complete the representation of this client in

this case. *[Explain conflict or other matter that requires relief from appointment.]*

For these reasons, I request my appointment be vacated and a new appellate attorney be appointed to represent appellant.

Dated: *[date]*

Respectfully submitted,

[Attorney's name]
State Bar No. *[number]*
Attorney for Appellant *[name]*

PROOF OF SERVICE