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| Parts in blue print are instructions to user, not to be included in filed document unless so noted. [Parts and references in green font, if any, refer to juvenile proceedings. See Practice Note, this web page, for guidance in adapting forms to juvenile cases.]  ***PRACTICE TIPS***  See [ADI Manual](https://www.adi-sandiego.com/legal-resources/), chapter 1, sections 1.3.8 and 1.5, and Chapter 6; [ADI’s Motion Practice Guide](https://www.adi-sandiego.com/legal-resources/), section II.D.1; [ADI website on the policies and practices](https://www.adi-sandiego.com/legal-resources/fourth-district-resources/#elementor-toc__heading-anchor-12) of various divisions of the Fourth Appellate District; and [ADI website on California Supreme Court Practice](https://www.adi-sandiego.com/legal-resources/general-appellate-practice/supreme-court-practice/).  Preapproval by the Court of Appeal and ADI is required for use of associate counsel. |

*[Letterhead]*

*[Date]*

Mr./Ms. *[clerk’s name]*

Clerk of the Court/Chief Administrator

Court of Appeal, Fourth Appellate District, Division *[One / Two / Three]*

*[Address]*

Re: *People v. [defendant’s name]*/ *In re [first name, last initial]*

Request for Permission to Use Associate Counsel for Oral Argument

Court of Appeal No. *[number]*

Dear Mr./Ms. *[Court of Appeal clerk’s name]*:

I am appointed to represent *[client’s name]* on this appeal. I request the court’s permission to use associate counsel, *[associate counsel’s name and California State Bar No.]*, for oral argument scheduled for *[date]*. Associate counsel is needed for oral argument because *[give reasons appointed counsel will not be able to appear]*.

Associate counsel will be adequately prepared for oral argument. *[He / she]* will be familiar with the record and briefing and all issues. *[He / she]* is qualified to handle this case because *[briefly state his / her qualifications].* ADI has been consulted and has approved the use of associate counsel.

Sincerely,

*[Attorney’s name]*

State Bar No. *[number]*

Attorney for Defendant and

Appellant *[name]*

**PROOF OF SERVICE**