

Clerk stamps date here when form is filed.

**Instructions**

- This form is only for requesting that the court appoint a lawyer to represent a defendant in a **misdemeanor** appeal.
- Before you fill out this form, read *Information on Appeal Procedures for Misdemeanors* (form CR-131-INFO) to know your rights and responsibilities. You can get form CR-131-INFO at any courthouse or county law library or online at [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms).
- The court is required to appoint a lawyer to represent you if you are indigent (you cannot afford to pay for a lawyer) and:
  - (1) You were convicted and your punishment includes going to jail or paying a fine of more than \$500 (including penalty and other assessments); or
  - (2) You are likely to suffer other negative consequences from the conviction (for example, immigration problems or inability to get or keep a license or permit); or
  - (3) You have not been convicted but you are likely to suffer significant harm if you lose the appeal.
- Fill out this form and make a copy of the completed form for your records.
- Take or mail the completed form to the clerk's office for the same trial court where the notice of appeal was filed. It is a good idea to take or mail an extra copy to the clerk and ask the clerk to stamp it to show that the original has been filed.

You fill in the name and street address of the court that issued the judgment or order you are appealing:

**Superior Court of California, County of**

You fill in the number and name of the trial court case in which you are appealing the judgment or order:

**Trial Court Case Number:****Trial Court Case Name:**

You fill in the appellate division case number (if you know it):

**Appellate Division Case Number:****1 Your Information**

- a. Name of Defendant (the party who is filing this request):

Name: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State ZipMailing address (if different): \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- b. Defendant's lawyer (skip this if the defendant is filling out this form):

Name: \_\_\_\_\_ State Bar number: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street City State ZipMailing address (if different): \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_



**Information About Your Case**

2 Were you/was your client represented by the public defender or another court-appointed lawyer in the trial court proceedings in this case? (Check a or b.)

a.  Yes

b.  No (Complete and attach Defendant's Financial Statement on Eligibility for Appointment of Counsel and Reimbursement and Record on Appeal at Public Expense (form MC-210) showing that you/your client cannot afford to hire a lawyer. You can get form MC-210 at any courthouse or county law library or online at www.courts.ca.gov/forms.)

3 If you have been convicted, describe the punishment the trial court gave you/your client in this case (check all that apply and fill in any required information):

a.  Jail time

b.  A fine (including penalty and other assessments) (fill in the amount of the fine): \$ \_\_\_\_\_

c.  Restitution (fill in the amount of the restitution): \$ \_\_\_\_\_

d.  Probation (fill in the amount of time on probation): \_\_\_\_\_

e.  Other punishment (describe any other punishment that the trial court gave you/your client in this case):  
\_\_\_\_\_  
\_\_\_\_\_

f.  Describe any other negative consequences that you are/your client is likely to suffer because of this conviction:  
\_\_\_\_\_  
\_\_\_\_\_

4 If you have not been convicted, describe the order being challenged on appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice to Defendant: If you were represented by appointed counsel in the trial court and the trial court finds that you are able to pay all or part of the cost of that counsel, at the conclusion of the proceedings, the court may also determine after a hearing whether you are able to pay all or a portion of the cost of any attorney appointed to represent you in this appeal. If the court determines that you are at that time able to pay, the court will order you to pay all or part of such cost. Such orders will have the same force and effect as a judgment in a civil action and will be subject to enforcement.**

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print name*

▶ \_\_\_\_\_  
*Signature of defendant or attorney*

