

**ATTORNEY MEMBERSHIP APPLICATION
THE CRIMINAL CONFLICT PROGRAM
OF THE CONTRA COSTA COUNTY BAR ASSOCIATION**

Name: _____ Law firm: _____

Principal office address: _____

Telephone: office _____ fax _____ cell _____

Email: _____ Tax id (for 1099): _____

Date admitted to practice in California: _____ Date of membership in CCCBA: _____

Membership fee (check one):
_____ \$ 50.00 In practice less than five years
_____ \$ 75.00 In practice five years or more

I request appointments in the following case classifications and have attached the following case classification supplements (check all which apply):

- _____ Criminal/juvenile delinquency
- _____ Witness representation
- _____ Juvenile dependency immigration
- _____ Probate guardianship
- _____ Conservatorship
- _____ Immigration Consequences of Criminal Convictions

I declare:

1. I am an attorney at law, licensed to practice before the Courts of the State of California.
2. I am a member of the Contra Costa County Bar Association (CCCBA). I understand that such membership is a prerequisite to membership in the Criminal Conflict Program (CCP), and that if my membership in the CCCBA lapses for any reason, my membership in CCP will immediately terminate.
3. My principal office for the practice of law is in the County of Contra Costa and same address is listed with the California State Bar, the Contra Costa County Bar Association and my malpractice insurance carrier.
4. I have never been the subject of any disciplinary action by the State Bar of California or any other regulatory body, except as described in a separate sheet attached hereto. I will immediately inform CCP of any proceedings initiated against me which could result in

such disciplinary action, and of any lawsuit or arbitration proceeding alleging malpractice, ineffective assistance of counsel, or other professional liability. I will immediately notify CCP of any alteration or lapse of my membership in the State Bar of California.

5. I have read and understood the Rules and Regulations of the Criminal Conflict Program and agree to abide and be bound by them, and such amendments and additional rules as may be adopted by the Criminal Conflict Committee in the future.
6. I agree to indemnify and hold harmless the following persons and entities from any and all claims, demand, actions, liability or loss which may arise or be incurred because of any and all appointments, assignments, referrals, activities, and legal services resulting from my participation in the Criminal Conflict Program: a) the Contra Costa County Bar Association, its officers, directors, employees and members, including but not limited to the Criminal Conflict Program of the Contra Costa County Bar Association; b) the Superior Court of the State of California, County of Contra Costa; and c) the County of Contra Costa, its officers and employees.
7. I waive any and all claims against the Contra Costa County Bar Association, its officers, directors, employees and members, including but not limited to the Criminal Conflict Program of the Contra Costa County Bar Association, for any liability or loss arising out of the operation of the Criminal Conflict Program, in appointments, assignments, referrals and activities.
8. I understand and agree that I have no property interest in continuing and/or renewing my membership in the Criminal Conflict Program and/or in continuing to receive case appointments through the Criminal Conflict Program.
9. I understand and agree that all bills and other requests for payment I submit to the Criminal Conflict Program are declared to be true and correct under penalty of perjury.
10. I understand and agree that if the Contra Costa County Bar Association does not receive sufficient funds from the County of Contra Costa to pay for the operations of the Criminal Conflict Program, and/or if the contract providing such funds terminates and the County of Contra Costa makes no new contract providing such funds, the Contra Costa County Bar Association and the Criminal Conflict Program shall have no obligation to pay me for services rendered and expenses incurred pursuant to appointments made by the Criminal Conflict Program.
11. All of the statements in this application, including all case classification supplements and other attachments, are true and correct of my own personal knowledge.

EXECUTED under penalty of perjury under the laws of the State of California, on

_____, at _____, California.
(date) (city)

(signature)