
Please provide the names, addresses and telephone numbers of two (2) references (whom the Court may contact) who are members of the Bar of the United States District Court for the Central District of California:

(1)

_____			_____	
NAME			BUSINESS TELEPHONE	
_____			_____	
BUSINESS ADDRESS			EXTENSION	
_____			_____	
CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)	

(2)

_____			_____	
NAME			BUSINESS TELEPHONE	
_____			_____	
BUSINESS ADDRESS			EXTENSION	
_____			_____	
CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)	

I understand that as a member of the Panel, I agree to accept an appointment as counsel for a pro se litigant in a civil rights case at least once a year.

DATED

SIGNATURE OF APPLICANT

Please email the completed application to ProBonoPanel_CACD@cacd.uscourts.gov.