

Clerk stamps date here when form is filed.

**Instructions**

- This form is only for requesting that the court appoint a lawyer to represent a person who is appealing in a **misdemeanor** case.
- 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.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms).
- The court is required to appoint a lawyer to represent you on appeal only if you cannot afford to hire a lawyer and
  - your punishment includes going to jail or paying a fine of more than \$500 (including penalty and other assessments), or
  - you are likely to suffer other significant harm as a result of being convicted.
- This form can be filed at the same time as your notice of 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 court that issued the judgment or order you are appealing. 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:**The People of the State of California  
v.  
\_\_\_\_\_

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

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

- a. Appellant (the party who is filing this appeal):

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

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

Phone: ( ) \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

- b. Appellant's lawyer in the trial court (skip this if the appellant is filling out this form):

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

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

Phone: ( ) \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

Fax (optional): ( ) \_\_\_\_\_

Trial Court Case Name: \_\_\_\_\_

**Information About Your Case**

2 Were you/was your client represented by the public defender or another court-appointed lawyer in the trial court?  
(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.courtinfo.ca.gov/forms.)

3 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):

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

4 Describe any significant harm that you are/your client is likely to suffer because of this conviction:

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

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

\_\_\_\_\_  
Type or print your name

▶ \_\_\_\_\_  
Signature of appellant or attorney