

## **INFORMATION AND INSTRUCTIONS TO FILE A REQUEST TO PARTICIPATE IN PRO BONO PROGRAM**

The Arizona Court of Appeals Pro Bono Representation Program provides pro bono counsel to self-represented parties in selected cases. The Program's goal is to enhance the court's review of the designated cases, provide representation to self-represented litigants, and offer a valuable learning experience for attorneys.

Administrative Order 2020-06 authorizes parties to request that the Court select their appeal for the Program. Not all cases will be selected. The Court will only choose an appeal for the Program if it presents an issue of first impression or some complexity or it otherwise warrants more developed briefing and oral argument.

To request that the Court consider an appeal for the Program, a party must file a written request with the Clerk's Office before the reply brief is filed or the deadline to file the reply brief passes. The request must be served on all other parties. The Court will issue an order whether the request is granted or denied. Parties must continue to file documents and meet deadlines while a request is pending. A party may file only one request per case.

Parties may use the following form. Please provide a summary of the underlying case, including the ruling being appealed, and why you think the case is appropriate for the Program.

ARIZONA COURT OF APPEALS

DIVISION \_\_\_\_\_

\_\_\_\_\_  
[Name of Plaintiff/Petitioner]

CA- \_\_\_\_\_  
[appellate case number]

\_\_\_\_\_  
[Appellant or Appellee]

\_\_\_\_\_  
[County name] Superior Court

v.

Case No. \_\_\_\_\_  
[Superior court case number]

\_\_\_\_\_  
[Name of Defendant/Respondent]

\_\_\_\_\_  
[Appellant or Appellee]

**REQUEST TO PARTICIPATE IN PRO BONO PROGRAM**

\_\_\_\_\_ [name] requests to participate in the Pro Bono Program.

Appellant appeals from a final order/judgment filed on \_\_\_\_\_ [date]. This

appeal involves \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ [name] believes this appeal is appropriate for the Program because

\_\_\_\_\_  
\_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[signature]

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

CERTIFICATE OF SERVICE

Copy of this Request was served by

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[Method: mail, email, hand-delivered]

to the following:

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[Name]

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[Address]

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[Email address if applicable]

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The form must be either electronically filed with the Court of Appeals through TurboCourt.com, or delivered or mailed to 1501 W. Washington, Phoenix, Arizona, 85007 for filing with the court.