



# ORANGE COUNTY OFFICE OF ASSIGNED COUNSEL

## Request for Second Chair

### Attorney Information (First Chair)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Case Information

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

Client's DOB: \_\_\_\_\_

DOA: \_\_\_\_\_

Case Number: \_\_\_\_\_

Charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Judge: \_\_\_\_\_

### Second Chair

#### Level of Experience of Second Chair Needed:

Are you inexperienced and need a more experienced attorney to guide you through the trial? YES NO

Are you experienced and willing to take a less experienced attorney that is trying to advance to another panel? YES NO

Are you experienced and need a second chair at your level? YES NO

#### Preference of Second Chair Attorney:

1. \_\_\_\_\_

2. \_\_\_\_\_

#### FOR OFFICE USE ONLY

Yes No

Date Rec'd. \_\_\_\_\_

Approved

Approved by \_\_\_\_\_

8/2023