



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SOLANO**

**INDIGENT DEFENSE PANEL
DECLARATION & AGREEMENT**

Name: _____

Principal Office Address: _____

Office Phone: _____

Office Fax: _____

Office E-Mail: _____

State Bar No. _____

I declare under penalty of perjury under the laws of the State of California that the following is true and correct:

1. I am an active member in good standing of the State Bar of California. I have no record of discipline, including but not limited to probation, suspension, and disbarment; or failure to pay State Bar dues, within the preceding twelve (12) months.
2. I agree to abide by the Rules of Court, including the appointed counsel billing guidelines established by the Court and the County of Solano; and all other rules of professional conduct as required by the California State Bar.
3. The majority of my practice is in Solano County and I maintain my principal office in Solano County at the above address, which is my address of record with the State Bar of California.
4. The above office telephone number is operative and I can be reached at that number during normal business hours by the Court and clients. The above office fax number and e-mail address are operative, and the fax machine is not the type that requires a person to be present to accept a fax.

Dated: _____

Signature