



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MERCED**

[www.mercedcourt.org](http://www.mercedcourt.org)

**Self-Help Attorney/Family Law Facilitator  
Supplemental Questionnaire**

Completion of this questionnaire is a required part of the selection process. Your responses must be submitted with your Court application by the filing date listed in the job announcement. Applicants who do not complete this supplemental questionnaire will be eliminated from the selection process.

It is important to answer the questions completely and accurately, but as concisely as possible. Your responses will be used to evaluate your writing skills as well as your experience and qualifications when determining the best-qualified candidates.

**Applicants must initial each page of the questionnaire as indicated on the bottom of the page.**

**1. Personal Information**

Name: \_\_\_\_\_ California State Bar No.: \_\_\_\_\_

**2. Professional and Personal Qualifications**

Date of Admission to the State Bar of California: \_\_\_\_\_ Years of active membership: \_\_\_\_\_  I am currently a member in good standing in the State Bar of California

I have a minimum of five years experience in the practice of law, which includes substantial family law, litigation &/or mediation

I am also admitted to practice law in the states listed below:

State: \_\_\_\_\_ Date of Admission \_\_\_\_\_ Years of active membership \_\_\_\_\_  I am currently a member in good standing

State: \_\_\_\_\_ Date of Admission \_\_\_\_\_ Years of active membership \_\_\_\_\_  I am currently a member in good standing

I am certified as a specialist by the State Bar of California Board of Legal Specialization or by an organization whose certification program has been accredited by the State Bar of California.

Areas of specialization: \_\_\_\_\_

Initials: \_\_\_\_\_

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

State Bar Number: \_\_\_\_\_

**3. Professional and Personal Qualifications (Continued)**

I am certified as a legal specialist by other states or organizations as follows: \_\_\_\_\_

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

Areas of specialization: \_\_\_\_\_

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

Have you ever been disciplined by the State Bar of California or by a bar association or other professional licensing entity in any state or by a court of record, including being held in contempt? *(if yes, please provide additional information in an Attachment)*  Yes  No

Describe any experience you have had in creating or implementing operational procedures: \_\_\_\_\_

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

**4. Practical Experience**

The principal portion of my law practice in California is in the following courts *(specify state and federal courts, including trial and appellate courts, if applicable)*: \_\_\_\_\_

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

I currently practice in the following areas of law *(list each subject area of law and the percentage of time you spend in each area)*:

\_\_\_\_\_ % \_\_\_\_\_ %  
\_\_\_\_\_ % \_\_\_\_\_ %

Initials: \_\_\_\_\_

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

State Bar Number: \_\_\_\_\_

**5. Practical Experience (Continued)**

Do you hold yourself out publicly as representing exclusively one side in any area of litigation practice?  Yes  No

If yes, provide the following information:

Area of Practice

Side Represented

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

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

Do you represent one side in more than 90 percent of your cases in any area of litigation practice?  Yes  No

If yes, please provide the following information:

Area of Practice

Side Represented

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

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

Describe your trial and litigation experience (*including names of co-counsel and opposing counsel*):

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

**6. Experience and Training as a Self Help/Family Law Facilitator**

Describe any experience in family law proceedings, child support proceedings or in any related areas. Please include any experience related to Title IV-D proceedings. (Reference California Family Code 10000-10015):

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

Describe any experience you have had in working with individual members of the community and/or public entities or programs. Please include any legal services or otherwise:

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

Initials: \_\_\_\_\_

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

State Bar Number: \_\_\_\_\_

**7. Experience and Training as a Self Help/Family Law Facilitator (Continued)**

Describe any training you have received in family law proceedings, child support proceedings or in any related areas. Please include any experience related to Title IV-D proceedings. (Reference California Family Code 10000-10015):

**Attach a copy of Certificate of Completion for each training course completed.**

Family Law (describe):

---

---

Probate/Guardianship (describe):

---

---

Civil Law (describe):

\_\_\_\_\_

---

---

Ethics (describe):

\_\_\_\_\_

---

---

Additional training information (describe):

\_\_\_\_\_

---

---

The Family Code sections that establish this position provide that the facilitator shall assist the parties and prepare documents for them but may not give legal advice. How would you reconcile these seemingly conflicting mandates?

---

---

---

Initials: \_\_\_\_\_

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

State Bar Number: \_\_\_\_\_

### 8. References

List four or more judicial officers or members of the Bar who are familiar with your work:

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements made in all attachments, is true and correct. I understand that any misstatement or omission of material fact may disqualify me from serving as Family Law Facilitator/Self Help Attorney in this court.

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

\_\_\_\_\_  
(TYPE OR PRINT NAME OF APPLICANT)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

Initials: \_\_\_\_\_

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

State Bar Number: \_\_\_\_\_

**WAIVER AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I have applied to be appointed as a Family Law Facilitator/Self Help Attorney in the Superior Court of California, County of Merced.

I hereby authorize the State Bar of California and the attorney-licensing authority in any other state where I am admitted to practice law to release to an authorized representative of the court information regarding the following matters: (1) whether I am in good standing or am otherwise authorized to practice law as a member of the State Bar of California or as an attorney in any other state where I am admitted to practice law; (2) whether I have a record of discipline with the State Bar of California or with the licensing authority for attorneys in any other state where I am admitted to practice law; and (3) whether any disciplinary investigation or proceeding is pending against me by the State Bar of California or by the licensing authority for attorneys in any other state where I am admitted to practice law.

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

\_\_\_\_\_  
(TYPE OR PRINT NAME OF APPLICANT)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(CALIFORNIA STATE BAR NUMBER OF APPLICANT)

Initials: \_\_\_\_\_