



DIVISION ONE  
FILED: 08/06/20  
AMY M. WOOD,  
CLERK  
BY: JT

IN THE  
COURT OF APPEALS  
STATE OF ARIZONA  
DIVISION ONE

IN THE MATTER OF: )  
 )  
 )  
 )  
 APPELLATE PRO BONO PROGRAM )  
 )  
 )  
 )  
 )  
 )  
 )  
 )

---

Administrative Order 2014-04, adopted on December 9, 2014, established the Court of Appeals Pro Bono Representation Program (the “Program”), which provides pro bono counsel to self-represented parties in appeals and special actions identified by the Court. The Program’s goal is to provide pro bono counsel in cases in which briefing and argument by counsel would benefit the Court’s consideration. Administrative Order 2020-01 expanded the Program to any appeal or special action identified by the Court in which a party is not entitled to appointed counsel and briefing and argument by pro bono counsel would benefit the Court. The Court typically selects for the Program cases presenting issues of first impression or some complexity or cases otherwise warranting further briefing and oral argument.

As previously implemented, the Court did not allow an unrepresented party to apply to participate in the Program and would only select cases that the Court had identified on its own initiative. The Court recognizes, however, that it may benefit from allowing parties to bring appeals to its attention that may be appropriate for the Program.

NOW THEREFORE,

IT IS ORDERED expanding the Court of Appeals Pro Bono Representation Program established in Administrative Order 2014-04 and modified in Administrative Order 2020-01 to allow a self-represented party to request that the Court evaluate his or her appeal to determine whether to place it in the Program. Such requests must be filed with the Clerk of the Court under the relevant appellate case number and using the Court's "Request to Participate in Pro Bono Program" form (exhibit A). The Court will continue to select for the Program only those appeals in which briefing and argument by counsel would benefit the Court's consideration.

\_\_\_\_\_/s/\_\_\_\_\_  
Peter B. Swann  
Chief Judge, Division One  
Arizona Court of Appeals

## **Exhibit A**

## **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]

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

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

---

[Method: mail, email, hand-delivered]

to the following:

---

[Name]

---

---

[Address]

---

---

[Email address if applicable]