

GETTING STARTED IN APPEALS: LESSONS FOR NEW APPELLATE PRACTITIONERS

THURSDAY, SEPTEMBER 4TH 2025

Registration: 11:30AM | Program: 12:00PM - 1:00PM

Three experienced appellate practitioners from diverse practice areas will share how they each found their way into appellate work and built successful practices. They will offer practical guidance on how to start your own appellate practice or integrate appellate work into your existing caseload. The session will conclude with an interactive Q&A, giving attendees the opportunity to get personalized advice and insights.

Meeting Price	In-Person	
	Includes Lunch	
Appellate Law/ YLD Section Member	\$25	
Judges/Appellate Court Staff	\$ O	
OCBA Attorney (Non-Section Member)	\$50	
Non-OCBA Member Attorney	\$60	

ORANGE COUNTY BAR ASSOCIATION APPELLATE LAW & YLD JOINT SECTION SEPTEMBER MEETING: IN PERSON

> OCBA OFFICES 4101 WESTERLY PLACE NEWPORT BEACH, CA, 92660

SPEAKERS:

LAUREN JOHNSON-NORRIS JOHNSON CRIMINAL LAW GROUP & CPS LAW GROUP

LISA MCCALL LAW OFFICES OF LISA R. MCCALL

MICHELLE LIVECCHI-RAUFI COUNSEL PRESS

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APPROVED FOR 1.0 MCLE CREDIT

Offers 1.0 California Legal Specialization Credit for Appellate Law Specialists

This activity has been approved for MCLE by the State bar of California in the amount of 1.0 hour(s) as appropriate to the content of the activity. OCBA is a state bar approved MCLE provider and certifies that this activity conforms to the standards for approved education activities prescribed by the rules and regulations of the state bar of California governing MCLE. Attendees must watch the program in its entirety in order to receive Participatory MCLE credit. Cancellations must be received in writing via fax or email 3 business days prior to the meeting. OCBA reserves the right to substitute speakers.

OCBA APPELLATE LAV	V & YLD SECTION MEETING	SEPTEMBER 4T	H, 2025
Name (print):	Email:		
	By providing your email address,	By providing your email address, you agree to allow the OCBA to email you regarding relevant OCB	
Firm Name:	Bar #:	Phone:	
Business Address:	City	/ZIP:	
Visa/MasterCard/Amex/Discover:		Expiration Date:	CVV:
Cardholder Name:	Signatur	e:	
\$ enclosed/to be cl	harged (Make checks payable to the O	CBA)	