



COUNTY OF LAKE
CLERK OF THE BOARD OF SUPERVISORS
 Courthouse - 255 North Forbes Street
 Lakeport, California 95453
 TELEPHONE (707) 263-2368
 FAX (707) 263-2207

APPLICATION FOR APPOINTMENT TO LAKE COUNTY BOARDS, COMMISSIONS, AND COMMITTEES

Application For: PUB DEFENDER Oversight Comm Seat Category: ATTORNEY
 Name of Board, Commission or Committee

Incumbent? Y/N: N Supervisorial District: 4

Applicant Name: HAUPTMAN MITCHELL
 Last First

Home Address: [Redacted]
 Street City Zip Code

Mailing Address: [Redacted]
 (leave blank if same as above) Street City Zip Code

Primary Phone: [Redacted] Email Address: [Redacted]

Current Occupation: LAWYER Are you registered to vote in Lake County? Y/N: Y

Community organizations to which you belong: NONE

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
NONE

Briefly describe how your participation on this Board will help the Lake County Community:
40+ YEARS AS CRIMINAL DEFENSE LAWYER

List any special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:
MANAGED THE PREDECESSOR TO CURRENT PUB DEFENDER FOR 5+ YRS

Do you or any member of your immediate family hold a position that might conflict with your duties for this Board/Commission? If yes, please explain:
UNCERTAIN - I AM RETIRING - I DO NOT ACCEPT APPOINTMENTS BUT I STILL HAVE SEVERAL OPEN CASES

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Signature [Handwritten Signature]

Date 4/15/25

For Board Use Only:
 APPOINTED YES ___ NO ___
 APPOINTED ON: _____