



**LOS ANGELES COUNTY  
EMPLOYEE RELATIONS COMMISSION**  
[ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov)

**PETITION FOR DETERMINATION OF AN APPROPRIATE EMPLOYEE  
REPRESENTATION UNIT AND/OR CERTIFICATION AS MAJORITY REPRESENTATIVE**

**INSTRUCTIONS:**

1. This petition may be filed by an employee organization, a council of employee organizations, or by the Director Personnel, pursuant to Section 5.04.200 of the Employee Relations Ordinance and Rule 5.01 of the Employee Relations Commission Rules and Regulations.
2. Complete this petition and submit an electronic .pdf copy to [ERCOMfilings@bos.lacounty.gov](mailto:ERCOMfilings@bos.lacounty.gov).

<b>DO NOT WRITE IN THIS SPACE</b>
<b>UNIT:</b>
<b>PETITIONER:</b> LACPDU
<b>FILE NO.</b> 001-24
<b>DATE FILED</b> 01/08/24

1. Name of Petitioner (in full): LA County Public Defenders Union Local 148			
2. Address and telephone number of Petitioner's principal place of business: 444 S Flower St, 13th Floor, Los Angeles, CA 90071 (213) 222-8092			
3. Name and title of one representative authorized to receive notices or requests for information (address And telephone number if different from Item 2): Tris Carpenter, Consultant California Labor Strategies, 8033 W Sunset Blvd #505, Los Angeles, CA 90046 (323) 524-3303			
4. List below the names, addresses, and telephone numbers of the County department(s), board(s), commission(s) or other body(ies) in which or by whom the affected employees are employed:			
<u>Department/Board/ Commission</u>	<u>Management Representative</u>	<u>Address</u>	<u>Telephone</u>
Law Office of the Public Defender	Ricardo Garcia Chief Public Defender	210 W Temple St. Los Angeles, CA 90012	213-974-2811
5. Description of claimed unit, by item number and classification title. If all the positions in any classification are not proposed to be included in the unit, list and identify the specific inclusions and exclusions for each classification. Also include your estimate of the number of employees in each classification.			
Included:			
<u>Item Number</u>	<u>Classification</u>	<u>Number of Employees</u>	
9233	Senior Paralegal	30	
9232	Paralegal	51	
		Total:	81
Excluded:			
<u>Item Number</u>	<u>Classification</u>	<u>Number of Employees</u>	
All other classifications			
		Total:	

6. Composition of claimed unit. Check the appropriate boxes below. In your opinion, does the unit include:

	YES	NO
a. Both professional employees and non-professional employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Both supervisory employees and non-supervisory employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Both supervisory and non-supervisory employees who are in the same classification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Management and confidential employees together with non-management or non-confidential employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. (EMPLOYEE ORGANIZATIONS ONLY) List below the names, addresses and telephone numbers of employee organizations, other than your own, which to your best knowledge and belief, claim to represent any of the employees in the proposed unit described in Section 5 of this Petition.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
None		

8. Give a brief description, if known, of the written agreements, if any, covering any employee in the claimed unit.

None

9. Any other relevant facts:

None

10. State briefly the action or remedy which you are seeking from the Commission:


Determination of bargaining unit and certificataion as majority representative.

11. (EMPLOYEE ORGANIZATIONS ONLY) The total number of employees in the proposed unit who have Requested your organization to represent them is 81. (Minimum showing of interest required: 30% of employees in the proposed unit. Evidence of such showing of interest must be submitted to the Commission at the time of filing the petition, pursuant to Rule 5.03a.)

12. (EMPLOYEE ORGANIZATIONS ONLY) Does the undersigned petitioning organization have any restriction on membership based on race, color, creed, sex, or national origin?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I declare that I am a duly authorized representative of the petitioner and I certify under penalty of perjury that the statements set forth in this petition are true and correct to the best of my knowledge and belief.

<u>Tris Carpenter</u>	<u>Consultant</u>	<u>1/8/2024</u>
Name of Representative	Title	Date
		
Signature of Representative		

**PROOF OF SERVICE BY MAIL**

I, Tristram Carpenter, am over the age of 18 and not a party to this action. I am employed in the county where the mailing occurred. My business address is:

**California Labor Strategies  
8033 Sunset Blvd #505  
Los Angeles, CA 90046**

On January 8, 2024, I served the foregoing document(s) described as:

**Petition for Determination of an Appropriate Employee Representation Union  
and/or Certification as Majority Representative (Public Defender Paralegals)**

to the following parties:

**Ricardo Garcia, Chief Public Defender  
Law Office of the Public Defender  
210 W. Temple Ave., 19<sup>th</sup> Floor  
Los Angeles, CA 90012**

**Tim Pescatello, Sr. Manager  
Los Angeles County CEO  
500 W Temple St  
Los Angeles, CA 90012**

I deposited such envelope in the mail at Los Angeles, California with postage thereon fully prepaid. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNED:



DATED: January 8, 2024