

ATTORNEY APPLICATION FOR APPOINTMENT

ALL INFORMATION REQUESTED IS **REQUIRED** TO RECEIVE APPOINTMENTS

NAME: _____

BAR CARD #: _____

PHYSICAL ADDRESS (not a post office box): _____

MAILING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

PAGER #: _____ CELLULAR PHONE #: _____

E-MAIL ADDRESS: _____

Will you keep your fax machine on between the hours of 8:00 a.m. and 5:00 p.m., Monday through

Friday, except for holidays?

YES

NO

Year and month licensed to practice law in Texas: _____

Law School: _____ Year graduated: _____

I UNDERSTAND THAT UPON ACCEPTANCE OF AN APPOINTMENT, RESPONSIBILITY FOR REPRESENTATION UNDER SUBSECTION 26.04 (j)(2) OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURES EXTENDS TO THE OCCURRENCE OF THE ONE OF THE FOLLOWING: DISMISSAL OF CHARGES, ACQUITTAL OF THE DEFENDANT, APPEALS ARE EXHAUSTED, OR I AM PERMITTED OR ORDERED TO WITHDRAW AS COUNSEL FOR THE DEFENDANT AND THAT BEFORE I CAN COMPLETELY WITHDRAW THAT I MUST COMPLY WITH SUBSECTION 26.04 (j)(3) OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURE.

I. INCLUSION ON THE APPOINTMENT LIST

1. I ask that my name BE CONSIDERED FOR INCLUSION on the list of licensed attorneys eligible for court appointments in Nueces County, Texas, and I state that I am presently certified or qualified to accept appointments in the following types of cases: (Circle or check as applicable Yes or No)

- | | | |
|------------------------------------|-----|----|
| 2. Capital cases (all) | YES | NO |
| 3. Non-Death Capital Cases Only | YES | NO |
| 4. 1 st Degree Felonies | YES | NO |
| 5. 2 nd Degree Felonies | YES | NO |
| 6. 3 rd Degree Felonies | YES | NO |
| 7. State Jail Felonies | YES | NO |
| 8. Direct Appeals | YES | NO |
| 9. Post-Judgment writs | YES | NO |
| 10. Misdemeanors | YES | NO |
| 11. Juveniles | YES | NO |

II. EDUCATION

1. Undergraduate School: _____ Date Graduated: _____
2. Date licensed to practice law in Texas: _____ Bar Card No.: _____
3. Are you currently a licensed attorney in good standing with the State of Texas and the Texas Supreme Court? YES NO
4. Are you fluent in any language other than English? Which language(s)?

5. Are you Board Certified in Criminal Law? YES NO
6. Have you had at least 9 hours of CLE in Criminal Law in the last calendar year and attended/viewed the 2009/2013/2014 Nuts and Bolts Seminar? YES NO

**(ATTACH YOUR LATEST CLE REPORT FROM THE STATE BAR)
MUST SHOW 9 HOURS OF CRIMINAL CLE FROM LAST YEAR**

7. Have you ever been publicly sanctioned or reprimanded by the State Bar?

YES NO

Explain if "Yes": _____

8. Do you have any pending grievances?

YES NO

Explain if "Yes": _____

9. Have you been found by a trial judge and/or appellate court to have provided ineffective assistance of counsel?

YES NO

III. EXPERIENCE – GENERAL

Briefly describe your legal experience and the type of law you have practiced including what percentage has been criminal law:

IV. EXPERIENCE – CRIMINAL

Have you ever served in a criminal prosecutor's office?

YES NO

If "yes," when and where: _____

Have you ever served as the lead counsel in the defense or prosecution of a criminal case?

YES NO

If "yes," how many times? _____ Misdemeanor _____ Felony

How many criminal jury trials have you tried as lead counsel?

Misdemeanor _____ Felony _____ In the last 12 months _____

If you have never tried a criminal jury trial as lead counsel, have you assisted as co-counsel in any criminal cases?

Misdemeanor _____ Felony _____ In the last 12 months _____

If you have never tried a criminal jury trial in any capacity, what qualifies you to accept appointments for those cases you are seeking to be appointed to (please use extra pages as necessary)?

Have you ever tried a capital murder case where the State was seeking the death penalty?

YES NO

If "yes," when: _____

Initial those that apply:

_____ Have at least five years of experience in criminal litigation.

_____ Have tried to verdict as lead defense counsel a significant number of felony cases (at least 5-10).

_____ Have trial experience in the use of and challenges to mental health or forensic expert witness.

_____ Have investigated and presented mitigating evidence at the penalty phase of a death penalty trial.

_____ Have participated in continuing legal education courses or other training relating to criminal defense in death penalty cases.

V. OTHER SKILLS

Indicate areas in which you have unique training or skill.

- | | | |
|---|-----|----|
| 1. Mental health cases | YES | NO |
| 2. Level V deaf interpreter | YES | NO |
| 3. Do you want to be listed as a Spanish speaking attorney? | YES | NO |
| 4. Other skills (please describe and use extra pages as necessary): | | |

By my signature, I attest the following: a) **I UNDERSTAND THAT UPON ACCEPTANCE OF AN APPOINTMENT, RESPONSIBILITY FOR REPRESENTATION UNDER SUBSECTION 26.04 (j)(2) OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURES EXTENDS TO THE OCCURRENCE OF THE ONE OF THE FOLLOWING: DISMISSAL OF CHARGES, ACQUITTAL OF THE DEFENDANT, APPEALS ARE EXHAUSTED, OR I AM PERMITTED OR ORDERED TO WITHDRAW AS COUNSEL FOR THE DEFENDANT AND THAT BEFORE I CAN COMPLETELY WITHDRAW THAT I MUST COMPLY WITH SUBSECTION 26.04 (j)(3) OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURE;** b) the information I have provided in this application is true and accurate; c) I certify I will give written notice of any change in the notification numbers to each County Court at Law and District Court within three working days of the change and prior to, if possible; and d) I further certify that I have a continuing duty to file an amended affidavit within 10 days of the date if any of the above information changes.

Witness my signature on this the _____ day of _____, 20 _____

SIGNATURE

Print Name: _____

SWORN TO AND SUBSCRIBED before me on _____ (date).

Notary Public in and for the State of Texas

My commission expires: _____

Please attach any other information that would qualify you for appointments in specialized areas.