## **ATTORNEY APPLICATION FOR APPOINTMENT**

ALL INFORMATION REQUESTED IS <b>REQUI</b>	RED TO RECEIVE APPOINTMENTS
NAME:	
BAR CARD #:	
PHYSICAL ADDRESS (not a post office box):	
MAILING ADDRESS:	
TELEPHONE #:	FAX #:
CELLULAR PHONE #:	
E-MAIL ADDRESS:	
Will you keep your fax machine on between the	
through Friday, except for holidays?	YES NO
Year and month licensed to practice law in Tex	kas:
Law School:	Year graduated:
I UNDERSTAND THAT UPON ACCEPTANCE	E OF AN APPOINTMENT, RESPONSIBILITY
FOR REPRESENTATION UNDER SUBSECT	ION 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 PER	MITTED OR ORDERED TO WITHDRAW AS
COUNSEL FOR THE DEFENDANT AND THA	AT BEFORE I CAN COMPLETELY
WITHDRAW THAT I MUST COMPLY WITH S	SUBSECTION 26.04 (j)(3) OF TITLE 1 OF THE
CODE OF CRIMINAL PROCEDURE.	

An attorney must have practiced criminal law on a regular basis for a minimum of four years and must have tried at least four felony cases as first chair ("lead counsel") to juries in the preceding ten years in order to qualify for 1<sup>st</sup> degree felony cases; must have tried at least two felony cases as first chair ("lead counsel") to juries in the preceding ten years in order to qualify for 2<sup>nd</sup> degree felony cases; and must have tried at least three cases (either felony or misdemeanor or a combination of both) in order to qualify for 3<sup>rd</sup> degree felony cases. Please provide the case number, date of jury trial, verdict and date of verdict related to the above referenced trials in the space provided below.

CASE NUMBER	DATE OF TRIAL	DISPOSITION/DATE

## 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 based on the requirements listed above:
(Circle or check as applicable Yes or No)

2.	Non-Death Capital Cases Only	YES	NO
3.	1 <sup>st</sup> Degree Felonies	YES `	NO
4.	2 <sup>nd</sup> Degree Felonies	YES	NO
5.	3 <sup>rd</sup> Degree Felonies	YES	NO
6.	State Jail Felonies	YES	NO
7.	Direct Appeals	YES	NO
8.	Post-Judgment writs	YES	NO
9.	Misdemeanors	YES	NO
	). Juveniles or appointments – revised 1.22.20	YES	NO

1.	Are you currently a licensed attorney in good stand	ing with the S	tate of Texas ar	nd the
	Texas Supreme Court?	YES	NO	
2.	Are you fluent in any language other than English?	Which langu	uage(s)?	
3.	Are you Board Certified in Criminal Law?	YES	NO	
<u>Y(</u>	OU MUST ATTACH A COPY OF YOUR LATEST CL SHOWING 9 HOURS OF CRIMINAL CL			TE BAR
4.	Have you ever been publicly sanctioned or reprima	nded by the S	state Bar?	
	Explain if "Yes":	YES	NO	
5.	Do you have any pending grievances?	YES	NO	
	Explain if "Yes":			
6.	Have you been found by a trial judge and/or appella	ate court to ha	ave provided ine	effective
ass	sistance 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:				

II.

**LICENSURE** 

## IV. EXPERIENCE - CRIMINAL

Have you ever served in a criminal prosecutor's office?			r's office?	YES	S NO
If "yes," when and where:					
•	ı have never trie riminal cases?	d a criminal jury trial as	lead counsel, hav	ve you ass	sisted as co-counsel in
Misdemeanor Felony In the last 12 months				S	
appo		d a criminal jury trial in a se cases you are seekin		•	•
	you ever tried a	a capital murder case wh	nere the State wa YES	s seeking NO	the death penalty?
Initia	if applicable:				
	Trial experience	in the use of and challe	nges to mental h	ealth or fo	rensic expert witness.
V.	OTHER SKILL	_S			
Indic	ate areas in whic	ch you have unique train	ing or skill.		
	Mental hea	alth cases	· \	′ES	NO
	2. Level V de	af interpreter	Υ	'ES	NO
	3. Do you wa	nt to be listed as a Spar	nish speaking atto	rney?	
	4. Other skills	s (please describe and u		′ES s necessa	NO ary):

In submitting this application I understand that <u>I MUST</u>, not later than October 15 of each year, and on a form prescribed by the Texas Indigent Defense Commission, submit to the county information for the preceding fiscal year that describes the percentage of the attorney's practice time that was dedicated to work based on appointments accepted in the county under this article and Title 3, Family Code. I also understand that <u>I MUST</u> submit, not later than December 31 of each calendar year, a copy of my State Bar transcript showing that I have completed 9 hours of criminal CLE in that calendar year in order to stay on the appointment lists. <u>FAILURE TO DO SO WILL RESULT IN REMOVAL FROM THE APPOINTMENT LISTS AND WILL REQUIRE SUBMISSION OF A NEW APPLICATION IN ORDER TO RECEIVE APPOINTMENTS.</u>

I also agree that by accepting appointment(s) that I will visit my client, if in custody, within 72 hours of the appointment and will further submit to the Court in which the case is pending written acceptance of the appointment(s).

By my signature, I attest the following: a) I understand that if I accept an appointment to a felony case wherein the defendant also has misdemeanor case(s) and is not currently represented by counsel, that I will accept those misdemeanor appointments as well; 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; d) I understand that by accepting appointments, I am obligated to represent the defendant through the disposition of the case, and that a motion to withdraw before the disposition of the case is subject to denial by the trial court absent extraordinary circumstances; and e) I 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.