

**APPLICATION/AFFIDAVIT
FOR APPOINTMENTS TO DEATH PENALTY APPEALS**

Name: _____ Date: _____
 Birth Date: _____
 Business Address: _____ Business Phone: _____

 Home Phone: _____ FAX No. _____ Cell Phone: _____
 E-mail address: _____
 Bar No. _____

Are you qualified to represent non-English speaking clients? Which language(s)?

- ____ I wish to accept appointments on death penalty *direct appeals*.
 ____ I wish to accept appointments on death penalty *writs of certiorari to United States Supreme Court*.
 ____ I wish to accept appointments on death penalty *direct appeals and writs of certiorari*.

Article 26.052 of the Code of Criminal Procedure requires certain qualifications to accept appointments on death penalty appeals, and the Local Selection Committee for the Fourth Administrative Judicial Region has adopted standards for the qualification of attorneys to be appointed to death penalty appeals. Outlined below are the qualifications; please respond accordingly:

Are you a member of the State Bar of Texas? _____ Since what year? _____
 Have you ever been found by a federal or state court to have rendered ineffective assistance of counsel during the trial or appeal of any capital case? _____
 Have you had at least five years of criminal law experience? _____
 Have you authored at least eight appellate briefs where the defendant was convicted of a felony? Out of these eight, either one must be a capital murder, or 5 must be felonies of the first degree or a 3g offense. Please list below.

Cause No.	Defendant Name	County	Degree/3g
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**The statute requires a significant number of appellate briefs. The Local Selection Committee has determined a significant number to be eight felony briefs, including one capital murder brief or five briefs which must either be first degree felonies or 3g offenses..*

Comments: _____

Do you have trial or appellate experience in the use of and challenges to mental health or forensic expert witnesses? _____

List case:

Cause No.	Defendant Name	County
_____	_____	_____

Comments: _____

Do you have trial or appellate experience in the use of mitigating evidence at the penalty phase of a death penalty trial? _____

List case:

Cause No.	Defendant Name	County
_____	_____	_____

Comments: _____

Have you successfully completed the minimum continuing legal education requirements of the State Bar of Texas?

(Please attached as proof the CLE printout from the State Bar of Texas)

Have you completed 5 hours in the past two years of CLE relating to appealing death penalty cases? _____

(Please attach as proof the CLE printout from the State Bar of Texas)

By my signature I attest that the information I have provided in this application is true and accurate.

Signature of Applicant

Date

Subscribed and sworn to before me on the _____ day of _____ 20____.

Notary Public

PLEASE RETURN COMPLETED FORM TO:

**CRIMINAL DISTRICT COURTS ADMINISTRATION
300 DOLOROSA STE. 4076
SAN ANTONIO, TEXAS 78205
(210)335-2252 FAX**