**Texas Fair Defense Act**

**Attorney Application – Indigent Representation**

# Attorney Contact Information

|  |  |
| --- | --- |
| Full Name | Bar Card #      License Date |
| Physical Address (No PO Boxes) | |
| Business Address | |
| Business Phone | Mobile Phone |
| Fax Number | Email Address |

# General Requirements for Court Appointed Attorneys

|  |  |
| --- | --- |
| Please select each checkbox acknowledging you meet each requirement. | |
|  | Licensed to practice law in the State of Texas; |
|  | In good standing with the State Bar; |
|  | Exhibit proficiency and commitment to providing quality representation to criminal defendants; |
|  | Exhibit professionalism and reliability when providing representation to criminal defendants; |
|  | Have an E-mail and fax machine working 24 hours a day; |
|  | Six (6) Criminal Law CLE Hours – **If < 6** - How many?       Year taken? |
|  | Six (6) Juvenile Law CLE Hours – **If < 6** - How many?       Year taken? |

**Cases Handled**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of years handling Criminal Cases: |  | Number of years handling Juvenile Cases: |  |

|  |  |
| --- | --- |
| Number of Cases Handled: | Felony:      Misdemeanor       Juvenile |
| Number of Jury Trials: | Felony:       Misdemeanor       Juvenile |
| Number of Appeals: | Criminal       Juvenile |

**The information provided is correct to the best of my knowledge. I understand that I am required to complete 6 CLE hours in the area of criminal/juvenile law and procedure each year and will provide confirmation of my hours to the appointing authority/designee. I request to be appointed to the following Courts:**

**Victoria: Calhoun: Dewitt: Goliad: Jackson: Refugio: \_\_\_\_\_ Felony \_\_\_\_\_ Felony \_\_\_\_\_ Felony \_\_\_\_\_Felony \_\_\_\_\_ Felony \_\_\_\_\_ Felony**

**\_\_\_\_\_ Misd \_\_\_\_\_ Misd \_\_\_\_\_ Misd \_\_\_\_\_ Misd \_\_\_\_\_Misd \_\_\_\_\_Misd**

**\_\_\_\_\_Juv \_\_\_\_\_ Juv \_\_\_\_\_ Juv \_\_\_\_\_ Juv \_\_\_\_\_Juv \_\_\_\_\_Juv**

**Signed this** **day of** **, 20****.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attorney Signature Meeting with Judge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**