ATTORNEY APPLICATION FOR APPOINTMENT (SHORT)

ATTORNEY CONTACT INFORMATION:

NAME:			
BAR CARD #:			
PHYSICAL ADDRES	S (not a post office box):		
MAILING ADDRESS	:		
TELEPHONE #:			
FAX #:			
PAGER #:			
CELLULAR PHONE:			
E-MAIL ADDRESS:			
Will you keep your fax	x machine on between the hours of 8:00 a.m.	and 5:00 p.m., M	Ionday
through Friday, except	for holidays?	YES	NO
Year and month licens	ed to practice law in Texas:		
Law School:	Ye	ar graduated:	
Other relevant education	on:		
I. INCLUSION ON T	THE APPOINTMENT LIST		
1. I ask that my	name BE CONSIDERED FOR INCLU	SION on the list	t of licensed
attorneys elig	gible for court appointments in	County, Tex	as.
II. LICENSE AND CI			
		YES	NO
•	nded the Advanced Criminal Law Course?		NO
a. If yes,	what year:		
2. Have you atter	nded the Juvenile Law Conference?	YES	NO

		a. If yes, what year:		
	3.	Have you had at least 8 C.L.E. hours in criminal law in the	e last year?	
			YES	NO
	4.	Have you had at least 8 C.L.E. hours in juvenile law in the	e last year?	
			YES	NO
II.	CRI	MINAL AND JUVENILE TRIAL/APPEALS EXPERIE	ENCE	
	1.	Approximately how many felony defendants have you rep	resented as lead co	ounsel?
	2.	Approximately how many misdemeanor defendants have counsel?	-	s lead
	3.	Approximately how many juvenile cases and family law counsel?		
	4.	Do you have experience in appellate brief writing and/or v		
			YES	NO
IV.	OTE	IER SKILLS		
	1.	Are you fluent in any language other than English?	YES	NO
		a. If yes, what language(s):		
V.	ETH	ICS AND PRIOR SANCTION HISTORY DISCLOSUI	RE	
	1.	Have you ever been sanctioned or reprimanded by the Stat	te Bar? YES	NO
		a. If Yes, explain:		

By my signature below, I swear or affirm t	hat the informati	on I have provided in this application
is true and correct.		
	Attorney's Signature	
Subscribed and sworn to before me this	day of	, 20
		Notary Public, State of Texas
My Commission Expires:		