ANNUAL RENEWAL APPLICATION COURT APPOINTED ATTORNEY – JUVENILE COURTS OF COLLIN COUNTY

Name:	
Home Address (No P.O. Boxes):	
County:	
Business Address (No P.O. Boxes):	
County:	
Mailing Address (If Different):	
Phone:	Fax:
Cell:	Email:
State Bar No.:	Date Licensed:
Foreign Languages (Must be fluent): □ Spanish □ Other:	
Sign Language: \Box Yes \Box No	
DELEASE CHECK HERE IF YOUR CONTACT INFORMATION HAS CHANGED	

Please select the level of appointments for which you are renewing. (You can only renew for levels/lists in which you are currently approved. A new application is required for all others that you are requesting approval for.)

 $\Box \text{ Level One } \Box \text{ Level Two } \Box \text{ Level Three } \Box \text{ MHMC}$

To the Board of Juvenile Judges:

I am licensed and in good standing with the State Bar of Texas. I certify that I maintain my **principal** office in Collin County. Attached is the most recent State Bar CLE compliance form demonstrating that I have completed ten hours per year of CLE in criminal law in the past twelve months including (please select all that apply):

 \Box Level 1 (six hours in Juvenile Law) \Box Level 2 (eight hours in Juvenile Law) \Box Level 3 (ten hours in Juvenile Law) \Box MHMC (six hours in Mental Health)

I am Board Certified in Juvenile or Criminal Law by the Texas Board of Legal Specialization. \Box Yes \Box No

I further certify that I am familiar with the requirements of Texas Senate Bill 7 (The Fair Defense Act) and that I will comply with all the duties and requirements of the Act in representing my clients in cases which I am appointed.

I affirm under oath that the representations in this application are true. I further agree to notify all judges, in writing, if any of the representations in this application change.

Signature:

Date: _____

Completed renewal application with attachments is due by **December 31, 2017** to the Collin County Indigent Defense Coordinator, Tracye Sparks, via email to: ccindigentdefense@co.collin.tx.us