**ANNUAL RENEWAL APPLICATION AND 26.04(j) REPORTING FORM**

**COURT APPOINTED ATTORNEY-COURTS OF CORYELL COUNTY**

|  |  |
| --- | --- |
| **NAME:** | |
| **WORK ADDRESS:** | |
| **CITY, STATE, ZIP, COUNTY:** | |
| **OFFICE TELEPHONE NUMBER:** |  |
| **OFFICE FAX NUMBER:** | **EMAIL ADDRESS:** |
| **STATE BAR NUMBER:** | **DATE LICENSED:** |
| **LANGUAGES SPOKEN OTHER THAN ENGLISH:** | |

**(Check all that apply):**

\_\_\_ I am still licensed and in good standing with the State Bar of Texas.

\_\_\_ I continue to maintain an office in Coryell County with a working telephone number,fax number, and email access.

\_\_\_ I have completed ten hours per year of CLE in criminal law in the past twelve months.  
\_\_\_ Other information I desire to relate to the Board of Judges (you may attach separate documents):

TEXAS INDIGENT DEFENSE COMMISSION ATTORNEY REPORTING FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas

Under Article 26.04(j), Code of Criminal Procedure, attorneys are required to report to each county in which they accept appointments the percentage of their total practice time that is dedicated to appointed adult criminal cases and juvenile delinquency cases in that county.

This form must be submitted annually to each county no later than **October 15**.

1. During the preceding fiscal year (October 1 – September 30), \_\_\_\_% of my total practice time was dedicated to work on adult criminal cases in which I was appointed to represent the defendant in \_\_\_\_\_\_\_\_ County, Texas.

2. During the preceding fiscal year (October 1 – September 30), \_\_\_\_% of my total practice time was dedicated to work on juvenile delinquency cases (cases alleging delinquent conduct or conduct indicating a need for supervision) in which I was appointed to represent the juvenile in \_\_\_\_\_\_\_\_ County, Texas.

3. The percentage of practice time reported was determined primarily by:

( ) Time records;

( ) Case counts;

( ) Combination of time records and case counts.

( ) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attorney Date**

**Return completed form and attachments to:**

**Indigent Defense Coordinator, Coryell County, 620 Main St., Gatesville, Texas, 76528**