ATTORNEY APPLICATION FOR APPOINTMENT (SHORT)

ATTORNEY CONTACT INFORMATION:

NAME:			
BAR CARD #:			
PHYSICAL ADDRESS	(not a post office box):		
MAILING ADDRESS:			
TELEPHONE #:			
FAX #:			
PAGER #:			
CELLULAR PHONE:			
E-MAIL ADDRESS:			
through Friday, except for	·	YES	NO
	I to practice law in Texas:		
	:		
	E APPOINTMENT LIST		
1. I ask that my r	name BE CONSIDERED FOR INCL	USION on the list of	license
attorneys eligib	ole for court appointments in	County, Texas.	
II. LICENSE AND CLE	BACKGROUND		
1. Have you attend	ed the Advanced Criminal Law Course?	YES	NO
a. If yes, w	hat year:		
2. Have you attend	ed the Juvenile Law Conference?	YES	NO

		a. If yes, what year:		
	3.	Have you had at least 6 C.L.E. hours in criminal law in the	last year?	
			YES	NO
	4.	Have you had at least 6 C.L.E. hours in juvenile law in the	last year?	
			YES	NO
II.	CRI	MINAL AND JUVENILE TRIAL/APPEALS EXPERIE	NCE	
	1.	Approximately how many felony defendants have you repr	resented as lead c	ounsel?
	2.	Approximately how many misdemeanor defendants have y counsel?	-	s lead
	3.	Approximately how many juvenile cases and family law ca		
	4.	Do you have experience in appellate brief writing and/or w		
			YES	NO
V.	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 DISCLOSUR	RE	
	1.	Have you ever been sanctioned or reprimanded by the State	e Bar? YES	NO
		a. If Yes, explain:		

By my signature below, I swear or affirm that	at the information I ha	ave provided in this application
is true and correct.		
	Attorney's Signa	ature
Subscribed and sworn to before me this	_ day of	
		Notary Public, State of Texas
My Commission Expires:		