## ANNUAL AFFIDAVIT CONFIRMING CLE AND REQUESTING TO BE CONTINUED ON INDIGENT APPOINTMENT LIST FOR FORT BEND DISTRICT

## AND COUNTY COURTS AT LAW

## ADDENDUM H

I, (Print or Type Attorney's Name),

do hereby make the following statements under oath and request that my name be continued on the list of licensed attorneys eligible for appointment to indigent defendants charged with criminal offenses in Fort Bend County, Texas. I hereby certify as follows, to wit:

|  |  |  |
| --- | --- | --- |
| ( | ) | I have completed at least six (6) hours of CLE pertaining to the defense of defendants in criminal cases (whether felony or misdemeanor) in the preceding calendar year, as required by the current **Fort Bend County Adult Plan and Local Rules for the Appointment of Counsel to Indigent Defendants in the District and County Courts at Law of Fort Bend County, Texas, Pursuant to Senate Bill 7 and the Texas Code of Criminal Procedure;****OR,** |
| ( | ) | I am currently certified by the Texas Board of Legal Specialization in Criminal Law, effective for the calendar year for which this affidavit applies;**AND** |
| ( | ) | I am current with all other relevant CLE required by the State Bar of Texas and my membership in the State Bar of Texas is in good standing. |

Executed this the day of , 20 .

Attorney (Print or Type Name)

State Bar Number

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public on this the day of

 , 20 .

Notary Public

 Approved

 Denied

Fort Bend County Court Services Coordinator / Designee

Date: