**RECERTIFICATION FOR CRIMINAL APPOINTMENTS IN FORT BEND COUNTY**

**ADDENDUM I**

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| LAST NAME |  |
| FIRST NAME |  |
| BAR CARD NO.: |  |

|  |  |  |
| --- | --- | --- |
| BUSINESS PHONE NO.: | FAX NO.: | WEB ADDRESS: |
|  |  |  |
| CELLPHONE NO. | HOME PHONE NO.: | E-MAIL ADDRESS: |
|  |  |  |
| BUSINESS FACEBOOK PAGE: | BUSINESS TWITTER PAGE:  |

|  |  |
| --- | --- |
| PHYSICAL ADDRESS |  |
| MAILING ADDRESS |  |

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| 1. Has your status with the Texas State Bar (or with any other bar you have been admitted) changed in any way including any reprimands or suspensions (both active and suspended)? If yes, attach decisions by the committee.  |
| 2. Since your last certification to the appointment list have you been sanctioned by a Court in writing or found to be ineffective by a Court of Record? If yes, attach all relevant orders or opinions.  |
| 3. Please attach all judgments, appellate briefs or orders that indicate you continue to meet the ongoing minimum experience qualifications for each appointment list you have joined. If these documents are sealed or expunged, please attach an affidavit documenting your relevant work.  |
| 4. Please attach a copy of your entire profile page from the State Bar website and your full CLE transcript for the past two years from the State Bar website. Please attach a recent passport sized photograph. |
| 5. How many open criminal cases do you currently have? \_\_\_\_ How many are appointed? \_\_\_\_ |
| 6. Are there any other circumstances that might negatively impact your ability to practice law. For example: pending criminal charges, convictions or probations involving crimes of moral turpitude. |

I certify that I continue to possess all the necessary qualifications, as set forth in the SB7 plan and addendums for continued appointment as an attorney for indigent defendants in Fort Bend County in the following categories: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I swear or affirm that the information provided in this re-certification is true and correct.

Executed this the day of , 20 .

Attorney’s Signature

State Bar Number

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

 , 20 .

 Notary Public