# REQUEST FOR EXCLUSION FROM INDIGENT APPOINTMENTS

**DISTRICT AND FORT BEND COUNTY COURTS AT LAW**

## ADDENDUM D

**I,** (print or type name), do hereby make the following statements under oath and request that my name be **EXCLUDED**

from the list of licensed attorneys eligible for appointment to indigent defendants charged with criminal offenses in Fort Bend County, Texas, for the following reason(s): (check ALL that apply)

|  |  |  |
| --- | --- | --- |
| ( | ) | I am disqualified from representing indigent defendants charged with criminal offenses in Fort Bend County due to my employment with a governmental entity; |
| ( | ) | I am retired or not currently in the active practice of law in the State of Texas; |
| ( | ) | I state that the following is good cause for my name to be **EXCLUDED** from the list of licensed attorneys eligible for court appointment to indigent defendants charged with criminal offenses in Fort Bend County, Texas, to wit: |

Executed this the day of ,20

Attorney Name

Bar Number:

Sworn to me before on this the day of ,20

Notary Public

APPROVED:

DENIED: