

**ANNUAL AFFIDAVIT CONFIRMING CLE AND  
REQUESTING TO BE CONTINUED ON THE JUVENILE INDIGENT  
APPOINTMENT LIST FOR  
COUNTY COURTS AT LAW**

**[ADDENDUM D]**

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 juvenile  
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  
juvenile defendants in criminal cases in the preceding calendar year, as required  
by the current **Fort Bend County Juvenile Plan and Local Rules for the  
Appointment of Counsel to Indigent Defendants in the 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 Card Number

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public on this the  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ Approved

\_\_\_\_\_  
Fort Bend County Court Services  
Coordinator / Designee

\_\_\_\_\_ Denied

Date:\_\_\_\_\_