

**TEXAS FAIR DEFENSE ACT  
HARRIS COUNTY DISTRICT COURTS  
APPLICATION FOR REASSESSMENT OF APPOINTMENT LEVEL**

<b>PART A INFORMATION &amp; EXPERIENCE (REQUIRED OF ALL APPLICANTS)</b>
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**ATTORNEY CONTACT INFORMATION (Please Print Very Clearly):**

*TITLE:* \_\_\_\_\_

*LAST NAME:* \_\_\_\_\_

*FIRST NAME:* \_\_\_\_\_

*BAR CARD #:* \_\_\_\_\_ *SPN:* \_\_\_\_\_

*PHYSICAL ADDRESS:*  
*(not a P.O. Box)* \_\_\_\_\_

*CITY:* \_\_\_\_\_ *ZIP:* \_\_\_\_\_

*MAILING ADDRESS:* \_\_\_\_\_

*CITY:* \_\_\_\_\_ *ZIP:* \_\_\_\_\_

*TELEPHONE #:* \_\_\_\_\_ *FAX #:* \_\_\_\_\_

*PAGER #:* \_\_\_\_\_ *CELL PHONE #:* \_\_\_\_\_

*E-MAIL ADDRESS:* \_\_\_\_\_

**Check all appointments for which you are:**

**CURRENTLY  
approved**

**APPLYING FOR  
approval**

- |                                       |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
| 1. 1st-Degree Felonies                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 2nd-Degree Felonies                | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 3rd-Degree Felonies/STJF/MRPs/MAJs | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Non-Capital Appeals                | <input type="checkbox"/> | <input type="checkbox"/> |

\_\_\_\_\_ 5. As of the date of this application, how many years have you been in practice?

6. Did your name appear on the Fair Defense Act Ballot, either as a new candidate or reassessment candidate, last year?

#### **ATTORNEY TRIAL EXPERIENCE**

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Please read each question carefully. You may estimate your response.

**Questions 7-19.** These questions refer to the number of **criminal cases you have tried to conclusion before a jury**. This number should include hung juries, but exclude agreed competency hearings. Include **all** criminal cases you have tried either in Harris County, another county, or Federal Court.

#### **FELONY EXPERIENCE**

- \_\_\_\_\_ 7. As **first chair**, how many felony criminal cases have you tried to conclusion before a jury?
- + \_\_\_\_\_ 8. As **second chair**, how many felony criminal cases tried to conclusion before a jury?
- = \_\_\_\_\_ 9. **How many total felony criminal cases have you tried to conclusion before a jury.**

#### **FEDERAL EXPERIENCE**

- \_\_\_\_\_ 10. As **first chair**, how many federal criminal cases have you tried to conclusion before a jury?
- + \_\_\_\_\_ 11. As **second chair**, how many federal criminal cases have you tried to conclusion before a jury?
- = \_\_\_\_\_ 12. **How many total federal cases have you tried to conclusion before a jury?**

**MISDEMEANOR EXPERIENCE**

- \_\_\_\_\_ 13. As **first chair**, how many misdemeanor criminal cases have you tried to conclusion before a jury?
- + \_\_\_\_\_ 14. As **second chair**, how many misdemeanor criminal cases have you tried to conclusion before a jury?
- = \_\_\_\_\_ 15. **How many total misdemeanor criminal cases have you tried to conclusion before a jury?**

**TOTAL CRIMINAL EXPERIENCE**

- \_\_\_\_\_ 16. **What is the total number of criminal cases you have tried to conclusion before a jury?**

**RECENT EXPERIENCE**

- \_\_\_\_\_ 17. Of the total cases cited in Question 16, how many criminal cases have you tried to conclusion before a jury **in the last five (5) years?**
- \_\_\_\_\_ 18. Have you ever been found by a court to have rendered ineffective assistance of counsel?

**PART B**

**APPELLATE EXPERIENCE**

**(TO BE COMPLETED ONLY BY APPLICANTS SEEKING APPELLATE APPOINTMENTS)**

- \_\_\_\_\_ 19. How many appellate briefs or post-conviction writs have **you** authored? (Exclude any subcontracted briefs.)

**PART C**  
**REFERENCES**

Please provide the names and contact information for at least **three (3)** references. References should be either judges you have tried cases before or attorneys who know your practice. You must provide at least **one (1)** of each type of reference (i.e., either 2 judges and 1 attorney, or 1 judge and 2 attorneys). You must also list the month and year of the most recent case you tried in each judge's court.

	<b>Name</b>	<b>Judge/Attorney</b>	<b>Phone Number</b>	<b>Date</b>
20.	_____	_____	_____	_____
21.	_____	_____	_____	_____
22.	_____	_____	_____	_____

**PART D**  
**JURAT**  
**(REQUIRED OF ALL APPLICANTS)**

I hereby certify that the statements in this APPLICATION FOR INDIGENT DEFENSE APPOINTMENT OF COUNSEL are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from consideration for appointment by the HARRIS COUNTY DISTRICT JUDGES TRYING CRIMINAL CASES.

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Applicant's signature