HENDERSON COUNTY APPLICATION/AFFIDAVIT

Criminal Felony, Misdemeanor or Juvenile Courts Attorney Appointment List

PLEASE COMPLETE THIS ENTIRE PAGE

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Note: You will receive notification of appointments by fax and/or email.**

**EDUCATION**

1. Undergraduate School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Graduated:\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date licensed to practice law in Texas:\_\_\_\_\_\_\_\_\_\_\_ Bar Card No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you fluent in any language other than English? Which language(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you attended the Advanced Criminal Law Course within the last four years?

\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

5. Have you had at least ten hours of CLE in Criminal Law and at least six hours in Juvenile Law in

the last calendar year? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No If “yes” where and when.

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6. Have you ever been sanctioned or reprimanded by the State Bar? \_\_\_\_\_Yes \_\_\_\_\_\_\_No

If “yes” where and when \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any pending grievances? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No If “yes”, explain.

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**EXPERIENCE-GENERAL**

Briefly describe your legal experience and the type of law you have practiced including what

percentage has been criminal law:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXPERIENCE-CRIMINAL**

Have you ever worked in a criminal prosecutor’s office? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_\_ No

If “yes,” where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever served as the lead counsel in the defense or prosecution of a criminal or juvenile

case? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_ No If “yes,” how many times? \_\_\_\_ Misdemeanor \_\_\_ Felony

\_\_\_\_\_ Juvenile

Type of juvenile case(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many criminal or juvenile jury trials have you tried as lead counsel? \_\_\_\_\_\_ Misdemeanor

\_\_\_\_\_\_\_ Felony \_\_\_\_\_\_\_ Juvenile In the last 12 months: \_\_\_ Misdemeanor \_\_\_ Felony

\_\_\_\_\_\_\_ Juvenile

Type of Juvenile case(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever tried a capital murder case where the State was seeking the death penalty?

\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No If “yes,” specify case and when it was tried: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_ First Chair \_\_\_\_\_\_\_\_\_\_\_ Second Chair

Check those that apply.

\_\_\_ Have at least five years of experience in criminal litigation

\_\_\_ Have tried to verdict as lead defense counsel a significant number of felony cases

(at least 5-10)

\_\_\_ Have trial experience in the use of and challenges to mental health or forensic expert witness

\_\_\_ Have investigated and presented mitigating evidence at the penalty phase of a death

penalty trial

\_\_\_ Have participated in continuing legal education courses or other training relating to criminal defense in death penalty cases

**EXPERIENCE-APPELLATE**

Do you want to be assigned appellate appointments? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of briefs filed: \_\_\_\_\_ Number of oral arguments: \_\_\_\_\_\_\_\_

**SPECIAL QUALIFICATIONS**

Are you board certified in criminal law? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

Are you board certified in juvenile law? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

Are you licensed to practice in federal court? \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

If “yes,” have you received an appointment from federal court in the last year? \_\_ Yes \_\_ No

If you possess any additional special qualifications or experience you would like to consider in lieu of those required by the qualifications to represent criminal defendants:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Based on the Henderson County Qualifications I am qualified to receive appointments on the

following:

\_\_\_\_\_\_\_\_\_ Felony 3g/1st \*Juvenile (Check those that apply)

\_\_\_\_\_\_\_\_\_ Felony 2nd /3rd ( ) Determinate or habitual felony 3g/1st degree

\_\_\_\_\_\_\_\_\_ Felony SJF ( ) Other felonies

\_\_\_\_\_\_\_\_\_ Misdemeanor ( ) Misdemeanors

\_\_\_\_\_\_\_\_\_ Appeals

I do not qualify technically to receive court appointments for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

case(s) because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I wish to apply for an exception to the qualifications to receive court appointments for

the following reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you are applying for a grace period exception, please indicate when you will have your

qualifications met \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you want to be listed as a Spanish-speaking attorney? \_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No

**\*\*\*If you need additional space to answer any of the questions please place the answers on an**

**additional page.**

**CERTIFICATION OF KNOWLEDGE OF STANDING RULES FOR PROCEDURES FOR TIMELY AND FAIR APPOINTMENT OF COUNSEL FOR INDIGENT ACCUSED PERSONS IN HENDERSON COUNTY, TEXAS**

**I certify, under oath, that I have received, read, and understand the Henderson County Plan and Standing Rules and Orders for Procedures for Timely and Fair Appointment of Counsel and will comply with said plan, rules and orders.**

I certify, under oath, that I shall maintain an office in Henderson County with a phone which is answered by a receptionist or answering service from 8:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 5:00 p.m. Monday through Friday (except Henderson County holidays as set out in the official Henderson County calendar approved by the Henderson County Commissioner’s Court) and by which a receptionist or/and answering service can promptly locate me and notify me of appointment or hearing setting. I agree I will maintain a FAX number to which FAXES may be received 24 hours a day, seven days a week, an email address and physical address.

I will give written notice of any change in these notification numbers to the Indigent Defense Coordinator and to each County Court at Law, District Court and Juvenile Judges in Henderson County prior to change.

I will make every reasonable effort to contact the defendant by the end of the first working day after the date of appointment as stated in Sec. 6, Art. 26.052 (j) (1) CCP. **The Henderson County Plan requires you to personally interview the Defendant within seven days of the appointment.**

I will represent the defendant until charges are dismissed, the defendant is acquitted, appeals are exhausted, or you are relieved of your duties by the Court or replaced by other counsel after a finding of good cause is entered on record as stated in Sec. 6, Art. 26.052 (j) (2) CCP.

The Indigent Defense Board will monitor attorney performance on a continuing basis to assure the **competency and the diligence** of attorneys on the list(s). An Attorney will be removed or suspended, as appropriate, from one or more appointment lists by a majority vote of the judges.

**I represent that I have completed within the last twelve (12) months CLE which includes a defense attorney’s obligations to determine and properly advise an alien defendant sufficiently in advance of the entry of any plea, as to the possible collateral consequences that might ensue from the entry of the contemplated plea.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify, under oath, that I will zealously represent my Client, but always within the bounds of the law and legal ethics of Texas.

I understand that I must timely submit my bill for:

1. Indigent legal representation within 15 days of the date a case is disposed of by a plea or bench trial; or
2. Indigent legal representation within 15 days of the date of judgment in trial; or
3. Indigent appeal representation within 15 days of the date a mandate is returned on appeal.

I understand and acknowledge that failure to comply , without showing of good cause, with these time requirements shall result in my waiver of right for such compensation and my services will have been performed **PRO BONO.**

I understand that I have a continuing duty to file an Amended Affidavit within 30 days of the date any of the above information changes.

I understand and agree that the tenure of an appointment is for the year ending **December 31**, and that I must reapply by **December 1** if I wish to be placed on the next year’s appointment list.

I hereby, have been sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my signature on this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFFIANT

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bar No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and Sworn to before me this the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC/PERSON AUTHORIZED TO

ADMINISTER OATHS

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_