**Application/Affidavit**

 **Lynn County Juvenile Court Attorney Appointment List**

Date:

Name: Birth Date:

Business Address:

Business Phone: Home Phone:

Fax No.\*

\* Note: You will receive notification of appointment by fax.

**EDUCATION**

Undergraduate School: Date Graduated:

Law School: Date Graduated:

Other Relevant Education:

Date licensed to practice law in the State of Texas: Bar Card No.

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

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

 Yes No

Have you had at least ten hours of CLE in Criminal Law in the last calendar year?

 Yes No Attach documentation of your CLE.

Have you ever been sanctioned or reprimanded by the State Bar? Yes No

If yes, explain.

Do you have any pending grievances? Yes No

If yes, explain.

**EXPERIENCE - GENERAL**

Briefly describe your legal experience and the type of law you have practiced including what percentage has been criminal law:

**EXPERIENCE - CRIMINAL**

Have you ever served in a criminal prosecutor’s office? Yes No

If “yes,” where and when?

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

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

How many criminal jury trials have you tried as lead counsel?

 Misdemeanor Felony In the last 12 months:

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

Yes No If “yes,” when:

As First Chair:

As 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 witnesses.

 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

If you possess any additional special qualifications to represent criminal defendants please state them briefly:

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

By my signature I attest that the information I have provided in this application is true and accurate and that I will file an amended Application/Affidavit within 30 days of the date any of the above information changes.

I further understand that I am required

 to submit by October 15th each year a statement that describes the percentage of the attorney's practice time that was dedicated to work based on appointments accepted in this county for adult criminal cases and juvenile delinquency cases for the prior 12 months that begins on October 1 and ends on September 30. The report must be submitted through the online form to the Texas Indigent Defense Commission.

Signature of Applicant Date

Subscribed and sworn to before me on , 20 .

Notary Public