**DISTRICT COURT ATTORNEY VERIFICATION FORM**

ARTICLE 26.04 OF THE CODE OF CRIMINAL PROCEDURE STATES:

*(j) An Attorney appointed under this article shall:*

 *(1) Make every reasonable effort to contact the defendant no later than the end of the first working day after the date on which the attorney is appointed and to interview the defendant as soon as practical after the attorney is appointed*.

***THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY***

**ON THIS THE DAY OF , 20 , AT A.M./P.M.,**

**I CONSULTED WITH THE DEFENDANT , DOB: , CAUSE # (If indicted): ,**

**CHARGED WITH , WHOM I WAS APPOINTED TO REPRESENT ON .**

**PRINTED NAME OF DEFENDANT PRINTED NAME OF ATTORNEY**

**SIGNATURE OF DEFENDANT SIGNATURE OF ATTORNEY**

***PLEASE FAX OR MAIL A COPY OF THIS FORM TO VERIFY THAT YOU HAVE MADE CONTACT WITH THE DEFENDANT, IN PERSON OR BY MAIL, BY THE END OF THE FIRST WORKING DAY FOLLOWING RECEIPT OF THE APPOINTMENT NOTIFICATION TO: LELA BALLESTEROS, COURTHOUSE BOX 17, UVALDE COUNTY COURTHOUSE, UVALDE, TEXAS 78801, 830-278-7502 (FAX).***