

STATE OF TEXAS *
*
COUNTY OF MONTGOMERY *

**JUVENILE APPLICATION TO BE PLACED ON
PUBLIC APPOINTMENT LIST FOR
MONTGOMERY COUNTY**

I, _____, a licensed attorney in Texas, State Bar Of Texas
Number _____, with my principal office in Montgomery County, Texas at

_____ do hereby file this Application in compliance with the **AMENDED LOCAL RULES OF MONTGOMER COUNTY FOR THE TIMELY AND FAIR APPOINTMENT OF COUNSEL IN JUVENILE PROCEEDINGS**, and swear or affirm that the below information is true and accurate. Should any change in this information occur, I will file an Amended Application with the Office of Indigent Defense within thirty days of the change.

REQUEST

I, _____, hereby request to be placed on the Public Appointment Lists for the following category(ies):

- | | |
|--|--|
| ____ Category A (1 st Degree Felony)
Trial | ____ Appellate A (1 st Degree Felony) |
| ____ Category B (2 nd Degree Felony)
Trial | ____ Appellate B (2 nd Degree Felony) |
| ____ Category C (Misdemeanors A & B)
Trial | ____ Appellate C (Misdemeanors A & B) |
| ____ Category D (3 rd & State Jail Felonies)
Trial | ____ Appellate D (3 rd & State Jail Felonies) |
| ____ Special Language Appointments (<u>specify language</u>) | _____ |

QUALIFICATIONS

I, _____ swear or affirm that my qualifications are as follows:

Exact Date Licensed to Practice Law in Texas: _____

Board Certifications:

<u>Board</u>	<u>Exact Date</u>
_____	_____
_____	_____

Criminal Law CLE (last 12 months):

<u>Course</u>	<u>Exact dates</u>	<u>Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trials or Appeals (list Cause Nos., Court, Offense, date of trial, and chair rank (1st or 2nd) (If 2nd chair, attach affidavit from 1st chair attorney recommending approval)

Def's Full Name	Cause Number	Court	Offense	Date	Chair Rank

Have you ever been found or held to be ineffective counsel in the representation of a client by a Court? _____ If "Yes," attach separate sheet with an explanation.

Have you ever been sanctioned by the State Bar of Texas (or a similar authority of any other state)? _____ If "Yes," attach separate sheet with an explanation (and if a private sanction, the attorney may request sealing of such sanction).

OATH

(Attorney Signature)

Date

(Print Attorney Name)

Sworn and subscribed before me by _____ this ____ day
of _____, _____.

Notary Public

My Commission expires: _____