

ATTORNEY APPLICATION FOR APPOINTMENT

ALL INFORMATION REQUESTED IS REQUIRED TO RECEIVE APPOINTMENTS

NAME: _____

BAR CARD #: _____

PHYSICAL ADDRESS (not a post office box): _____

MAILING ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

CELL PHONE #: _____

E-MAIL ADDRESS: _____

Will you keep your fax machine on between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, except for holidays? YES NO

Year and month licensed to practice in Texas: _____

Law School: _____ Year graduated: _____

I UNDERSTAND THAT UPON ACCEPTANCE OF AN APPOINTMENT, RESPONSIBILITY FOR REPRESENTATION UNDER SUBSECTION 26.04 OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURE EXTENDS TO THE OCCURRENCE OF THE ONE OF THE FOLLOWING: DISMISSAL OF CHARGES, ACQUITTAL OF THE DEFENDANT, APPEALS ARE EXHAUSTED, OR I AM PERMITTED OR ORDERED TO WITHDRAW AS COUNSEL FOR THE DEFENDANT AND THAT BEFORE I CAN COMPLETELY WITHDRAW THAT I MUST COMPLY WITH SUBSECTION 26.04 OF TITLE 1 OF THE CODE OF CRIMINAL PROCEDURE.

An attorney must have practiced criminal law on a regular basis for a minimum of four years and must have tried at least four felony cases as first chair (“lead counsel”) to juries in order to qualify for 1st degree felony cases; must have tried at least two felony cases as first chair (“lead counsel”) to juries in order to qualify for 2nd degree felony cases; and must have tried at least three cases (either felony or misdemeanor or a combination of both) in order to qualify for 3rd degree felony cases. Please provide the case number, date of the jury trial, verdict and date of verdict related to the above referenced trials in the space provided below.

CASE NUMBER	DATE OF TRIAL	DISPOSITION/DATE

I. INCLUSION ON THE APPOINTMENT LIST

I ask that my name BE CONSIDERED FOR INCLUSION on the list of licensed attorneys eligible for court appointments in Nueces County, Texas, and I state that I am presently certified or qualified to accept appointments in the following types of cases based on the requirements listed above:

(Circle or check as applicable Yes or No)

- | | | |
|------------------------------------|-----|----|
| 1. Non-Death Capital Cases Only | YES | NO |
| 2. 1 st Degree Felonies | YES | NO |
| 3. 2 nd Degree Felonies | YES | NO |
| 4. 3 rd Degree Felonies | YES | NO |
| 5. State Jail Felonies | YES | NO |
| 6. Direct Appeals | YES | NO |
| 7. Post-Judgment Writs | YES | NO |
| 8. Misdemeanors | YES | NO |
| 9. Juveniles | YES | NO |
| 10. CPS | YES | NO |

II. LICENSURE

1. Are you currently a licensed attorney in good standing with the State of Texas and the Texas Supreme Court? YES NO

2. Are you fluent in any language other than English? YES NO
 Which language(s)?
3. Are you Board Certified in Criminal Law? YES NO

YOU MUST ATTACHED A COPY OF YOUR LATEST CLE REPORT FROM THE STATE BAR SHOWING 9 HOURS OF CRIMINAL CLE FROM LAST YEAR

4. Have you ever been publicly sanctioned or reprimanded by the State Bar?
 YES NO
 Explain if "Yes": _____

5. Do you have any pending grievances? YES NO
 Explain if "Yes": "": _____

6. Have you been found by a trial judge and/or appellate court to have provided ineffective assistance of counsel? YES NO

III. EXPERIENCE – GENERAL

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

IV. EXPERIENCE – CRIMINAL

- Have you ever served in a criminal prosecutor's office? YES NO
 If yes, when and where:

If you have never tried a criminal jury trial as lead counsel, have you assisted as co-counsel in any criminal cases?

Misdemeanor _____ Felony _____ In the last 12 months _____

If you have never tried a criminal jury trial in any capacity, what qualifies you to accept appointments for those cases you are seeking to be appointed to (please use extra pages as necessary)?

Have you ever tried a capital murder case where the State was seeking the death penalty? YES NO

If "Yes," when:

Initial if applicable:

_____ Trial experience in the use of and challenges to mental health or forensic expert witness.

V. OTHER SKILLS

Indicate other areas in which you have unique training or skill.

- | | | |
|---|-----|----|
| 1. Mental health cases | YES | NO |
| 2. Level V deaf interpreter | YES | NO |
| 3. Do you want to be listed as a Spanish speaking attorney? | YES | NO |
| 4. Other skills (Please describe and use extra pages as necessary): | | |
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In submitting this application, I understand that I MUST, not later than October 15 of each year, and on a form prescribed by the Texas Indigent Defense Commission, submit to the county information for the preceding fiscal year that describes the percentage of the attorney's practice time that was dedicated to work based on appointments accepted in the county under

this article and Title 3, Family Code. I also understand that I MUST submit, not later than December 31 of each calendar year, a copy of my State Bar transcript showing that I have completed 9 hours of criminal CLE in that calendar year in order to stay on the appointment lists. FAILURE TO DO SO WILL RESULT IN REMOVAL FROM THE APPOINTMENT LISTS AND WILL REQUIRE SUBMISSION OF A NEW APPLICATION IN ORDER TO RECEIVE APPOINTMENTS.

I also agree that by accepting appointment(s) that I will visit my client, if in custody, within 72 hours of the appointment and will further submit to the Court in which the case is pending written acceptance of the appointment(s).

By my signature, I attest the following: a) I understand that if I accept an appointment to a felony case wherein the defendant also has misdemeanor case(s) and is not currently represented by counsel, that I will accept those misdemeanor appointments as well; b) the information I have provided in this application is true and accurate; c) I certify I will give written notice of any change in the notification of numbers to each County Court at Law and District Court three working days of the change and prior to, if possible; d) I understand that by accepting appointments I am obligated to represent the defendant through the disposition of the case, and that a motion to withdraw before the disposition of the case is subject to denial by the trial court absent extraordinary circumstances; and e) I certify that I have a continuing duty to file an amended affidavit within 10 days of the date if any of the above information changes.

Witness my signature on this the _____ day of _____, 20_____.

SIGNATURE

Print Name : _____

SWORN TO AND SUBSCRIBED before me on _____.
(date)

Notary Public in and for the State of Texas

My commission expires: _____

Please attach any other information that would qualify you for appointments in specialized areas.