

STATE OF TEXAS

§
§
§

COUNTY OF GONZALES

ATTORNEY APPLICATION AND INTENT TO COMPLY WITH CERTIFICATION FOR CRIMINAL DEFENSE COURT APPOINTMENTS IN GONZALES COUNTY

I _____, a licensed attorney in Texas, Texas State Bar Number _____ with my principal office or residence in _____ County, Texas, at _____, do hereby submits application to be included on the public appointment list from which an attorney may be appointed to represent indigent defendants in Gonzales County, Texas. I do hereby 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 Court Administration within 30 days of the change.

REQUEST

I _____, hereby request to be placed on the Court Appointment List for the following categories:

_____ Misdemeanor Cases
_____ Juvenile Cases

QUALIFICATION

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

Exact Date Licensed to Practice Law in Texas: _____

Board Card Number: _____ Number of Years of Practice: _____

Board Certification: _____ Exact Date: _____

CLE (last 12 months):

Course: _____ Exact Date: _____ Hours: _____

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 a separate sheet with an explanation (if a private sanction, the attorney may request sealing of such sanction).

I have malpractice insurance? (yes/no) _____

List other qualifications you deem appropriate for consideration: _____

Signature of Attorney

Date

Address of Attorney: _____

Phone#: _____ Cell Phone#: _____ Fax#: _____

E-mail Address: _____