

APPLICATION FOR INCLUSION ON QUALIFIED ATTORNEY LISTS:

NAME: _____ BAR NUMBER: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ CELLPHONE: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

I understand that I must be available by FAX and E-Mail to receive notifications of appointment and must be able to be reached by the Court or Prosecutor by phone, pager, or voice mail from 8-Noon and Noon- 5 pm every weekday.

I understand and agree that I will contact my client within 24 hours of receiving notification of my appointment and will personally visit my client within 3 working days if my client is incarcerated.

I understand that if my client is in Jail at the time of any Jury Trial Disposition of his or her case, it is my responsibility that the client is properly attired in street clothing for Trial.

Date Licensed to Practice in Texas: _____

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

If "yes", explain: _____

Do you have any grievances pending? _____ Yes _____ No

If "Yes", explain: _____

Date of Certification in Criminal Law: _____

Continuing Legal Education related to Criminal Law, Evidence, Ethics or Trial Tactics

Name & Location of Course	Date	Hrs. Credit
1. Advanced Criminal Law _____		
2. _____		
3. _____		
4. _____		

Years experience in criminal litigation _____

Type of Experience	Case Names	Date Concluded
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Felony cases tried to verdict before a jury

1. _____
2. _____
3. _____

Misdemeanor cases tried to verdict before a jury:

1. _____
2. _____
3. _____
4. _____
5. _____

Briefs filed and/or argued to an appellate court, if applying to the Appellate and Writ List:

- | Case Name | Court | Date Concluded: |
|-----------|-------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

If applying for the Capital List, please include the following:

Capital murder trials tried to a verdict

1. _____
2. _____

Cases in which I have used /challenged use of health or forensic experts:

1. _____
2. _____

Continuing Education Related to Death Penalty: _____ *Title* _____ *Date*

Felony cases tried to verdict before a jury

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
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I hereby make application for inclusion on the list of Qualified Attorneys for Appointment in the following category(s) of cases:

- _____ **Capital Murder w/ DP**
- _____ **Felony (1st Deg & Non-Death Cap)**
- _____ **Felony (2nd & 3rd Deg)**
- _____ **State Jail & Misdemeanors**
- _____ **Writs and appeals**
- _____ **Revocations of Probation**

I prefer to be appointed only in _____ County Court at Law _____ District Court

I am qualified to receive and I want appointments in the above categories. I understand that if I check Felony 1st degree, I will be qualified and will receive appointments for all Felony 1, 2nd, 3rd and State Jail offenses. I understand that I may indicate that I wish only County Court At Law or only District Court appointments.

I further agree to abide by the Canons of Ethics and the Lawyer's Creed. I also agree to require all persons retained or employed by me to also abide by all Canons and Lawyer's Creed.

By my signature, I attest that the information I have provided in this application is true and correct.

Signature of Applicant

Date