APPLICATION TO BE PLACED ON PUBLIC APPOINTMENT LIST

I, the undersigned attorney, being duly licensed to practice law in the State of Texas by the State Bar of Texas, do hereby file this Application in compliance with the Local Rules of Matagorda County, Texas for the Timely and Fair Appointment of Counsel for Indigent Defendants, and swear or affirm that the below information is true and accurate. Should any change to this information occur, I certify that I will file an Amended Application with the District Clerk of Matagorda County, Texas within twenty-one (21) days of change.

I. Attorney Information

Attorney's Name		Texas Bar No.				
Attorney's Mailing Address						
Street/P.O. Box		City		State	Zip	
Attorney's Street Address □ c	heck here if same as	mailing address				
Street		City		State	Zip	
Office Contact Numbers						
Office Phone No.		Office Fax N	0.			
Attorney Cell No.		Attorney Ho	me No.			
Attorney Pager No.				Attorney E-Mail Address		
	II.	Request for Appoir	ntment			
I hereby request to be placed on apply):	the Public Appointme	ent List for the followi	ng categories	of charged crir	ninal offenses (che	ck all that
Category A (1st and 2nd Degree Fe	□ Trial	□ Appe	al & Writ			
Category B (3 rd Degree & State J	□ Trial	□ Appe	☐ Appeal & Writ			
Category C (All Misdemeanor Off	□ Trial	□ Appe	Appeal & Writ			
Category D (Juveniles)	□ Trial	□ Appe	□ Appeal & Writ			
		III. Qualification	S			
I hereby swear or affirm that m	y qualifications are a	as follows:				
Date licensed to practice law in	Texas: M	onth		Year		
Are you a member of the State E	Bar College?	□ Yes □ No				
What percentage of your practic	•	,)% □ 51-75 %		
How many criminal cases have y				y, exclude agr	reed competancy h	earings)
		16-20 □ more than				
How many open files are in your					+	
How many briefs have you filed		,	•	of the brief?		
How many oral arguments have	you made to an appe	mare court in the pas	ı ten yedisi _			

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Board C Board	Certificatio	ns:			_	Date of Certification	
Crimina Course	ıl Law CLE	Courses i	n the last 12 months:		– Date(s)		Hours
				-			
On a se	parate she e (5) years,	et attach or (b) th		trials	you hav	e tried as first chair attorney	ried as first chair attorney in the y. Include the cause number, commenced.
On a se the last number	five (5) ye the court	et attach ears, or (l ., the pre	ed to this application, list eigo) the last ten (10) criminal j	ury t	rials you	have tried as second chair a	ried as second chair attorney in ttorney. Include the cause the trial commenced and the
briefing	parate she g and oral a	rgument		th dir	ect appe	eal, and other matters origina	had primary responsibility for ating in an appellate court. List
(Circle	the appro	oriate re	sponse)				
1.	Yes	No	Have you every been found or held to be ineffective counsel in the representation of a client by any court? If yes, attach a separate sheet with a detailed explanation of the circumstances of such finding(s) or holding(s).				
2.	Yes	No			-	e State Bar of Texas or any si with a detailed explanation o	
	to this app						
1. 2.	A currer	it resume					
3. 4.			ost recent annual report fron als or information that you b				pintments
*NOTE							
This ap	pplication 130 th Judi	and all r cial Dist	equired attachments should rict Court. The mailing add	d be i dress	is 1700	d at your earliest convenien 7 th Street Rm 317, Bay City	nce to the Court Coordinator y, TX 77414.
					IV. Oatl	h	
Attorne	y's Signatu	ıre			_	Date	
71007710	y 5 5151 acc					Date	
Sworn t	o and Subs	cribed be	efore me on			, 2	
						Notary Public or other Officia in the State of Texas	al Authorized to Administer Oaths

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ATTORNEY CERTIFICATION

I,, cert	ify under oath that I have received, read and understand the Local Rules of
Matagorda County, Texas for the Timely and Fair Appoir comply with those Rules.	ntment of Counsel for Indigent Defendants effective January 1, 2002, and will
holidays, from 8:00 a.m. to 5:00 p.m. by a receptionist	phone which is answered each and every weekday, except Matagorda County , answering service, voice recording device, or other messaging system that pointment or hearings. I will maintain a fax number to which faxes may be act numbers are (include all that are applicable):
Receptionist	Answering Service
FAX No.	
Pager No	Home No.
Email Address	
l hereby designate	as my primary method of contact.
I certify under oath that I will give to the District Clerk foregoing contact numbers no later than ten (10) days	of Matagorda County, Texas, written notification of any change to any of the prior to the change becoming effective.
I acknowledge that I shall contact any accused person I the first working day after the date on which I am app	am appointed by any Court of Matagorda County to represent <u>by the end of ointed</u> .
I acknowledge that I shall interview such accused person	on as soon as practicable after I am appointed.
I certify under oath that I will zealously represent each the law and legal ethics of the State of Texas.	and every accused person I am appointed to represent within the bounds of
I understand that my bill for services must be submitte	ed as follows:
Bench Trial or Plea	Within 3 working days of disposition
Jury Trial	Within 7 working days after judgment-no appeal anticipated
Appeal	Within 7 days after mandate is returned on appeal
On my oath, I certify that the foregoing is true and cor	rrect.
Witness my signature on this day of	, 201
	Affiant
Sworn to and Subscribed before me by	on , 201
	Notary Public/Person Authorized to Administer Oaths in the State of Texas

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