

STATE OF TEXAS

§

COUNTY OF ANGELINA

§

**APPLICATION TO BE PLACED ON PUBLIC APPOINTMENT LIST
FOR ANGELINA COUNTY, TEXAS**

I, _____, a licensed attorney in Texas, State Bar of Texas number _____, do hereby file this application in compliance with the LOCAL RULES OF ANGELINA COUNTY FOR THE TIMELY AND FAIR APPOINTMENT OF COUNSEL FOR INDIGENT DEFENCANT, 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 applicable Local Administrative District Judge within thirty (30) days of the change.

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

_____ Category A (1st & 2nd Degree Felonies)
Trial and Appellate

_____ Category B (3rd Degree & State Jail Felonies)
Trial and Appellate

_____ Category C (Misdemeanors A & B)
Trial and Appellate

_____ Capital Trial & Appeals

_____ Juvenile Category

_____ Special Language Appointments (specify language) _____

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

Exact Date Licensed to Practice Law in Texas: _____

Board Certifications:

Board: _____ Exact Date: _____

Board: _____ Exact Date: _____

Criminal Law CLE:

Course: _____ Exact Dates: _____ Hours: _____

Trial(s), list cause number, court, offense and date of trial.

Defendant's Full Name	Cause No.	Court	Offense	Dates	Chair Rank
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Attorney

Date

Last Name:

First Name:

DOB:

State Bar No.:

Date Licensed

to Practice Law:

Principal Business Address:

Mailing Address:

Phone:

Office: _____

Mobile: _____

Pager: _____

Fax: _____

Sworn and subscribed before me by _____, this the _____ day of _____ 20__.

Notary Public in and for the State of Texas

Commission Expires: _____