

Application for Attorney Appointments List - Wichita County

List(s) applying for (check one or more):

- 1st and 2nd Degree Felonies _____
- 3rd Degree Felonies _____
- State jail Felonies _____
- Misdemeanors _____
- Juvenile - 1st & 2nd Degree Felonies _____
- Juvenile - 3 Degree Felonies _____
- Juvenile - State Jail Felonies _____
- Appellate _____
- Child Custody — CPS _____
- Child Support Cases _____

Name: _____
 Bar Card #: _____
 Mailing Address: _____
 Street Address: _____
 Phone Number: (____) _____
 Cell Phone Number: (____) _____
 Fax Number: (____) _____
 E-mail Address: _____
 Year licensed to practice law: _____
 Are you fluent in any language other than English? Which language(s)? _____
 Are you Board Certified in criminal law? _____
 Are you Board Certified in juvenile law? _____

Give approximate numbers for the following types of matters in which you were the attorney for the defendant or the state:

Felony:

Capital Murder (Death Penalty)	Revocation Hearings Tried: _____
Jury Trials Tried: _____	Habeas Corpus Hearings: _____
As Lead Attorney: _____	
As Second Chair: _____	

Other Felony:

Jury Trials Tried: _____	
Plea Hearings: _____	
Appellate Briefs Prepared: _____	Appellate Cases Argued: _____

Misdemeanor:

Jury Trials Tried: _____	Revocation Hearings tried: _____
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(continued)

Plea Hearings:
Appellate Briefs Prepared: _____

Appellate Cases Argued: _____

Juvenile:

Detention Hearings: _____
Adjudication Hearings (Agreed): _____
Adjudication Hearings (Contested): _____
Adjudication Hearings (Jury): _____
Disposition Hearings (Contested): _____
Modification Hearings: _____

Appellate Briefs Prepared: _____
Appellate Cases Argued: _____

Continuing Legal Education Course Hours (Criminal):
20 _____ 20 _____ 20 _____

Continuing Legal Education Course Hours (Juvenile):
20 _____ 20 _____ 20 _____

Continuing Legal Education Course Hours (CPS):
20 _____ 20 _____ 20 _____

The undersigned attorney represents that I am qualified to handle the legal matters designated above and requests that my name be included in the public appointment list for indigent Defendants in Wichita County, Texas. I further represent and agree that I will comply with the requirements imposed on attorneys by the Texas Fair Defense Act, Local Rules for Wichita County, and the applicable Rules of Ethics for Attorneys licensed in the State of Texas.

Signed this _____ day of _____, 20__.

Attorney

Approved to handle the following cases by a majority of the County, County Court at Law and District Court Judges:

	Criminal	Juvenile
1st /2nd Degree Felonies	_____	_____
3rd Degree Felonies	_____	_____
State Jail Felonies	_____	_____
Misdemeanors	_____	_____
Appellate	_____	_____
Child Support Cases	_____	
Child Custody — CPS		_____

Date Approved: _____ day of _____, 20__.

Local Administrative Judge
Date: _____