

**WEBB COUNTY – 49<sup>TH</sup> DISTRICT COURT**

**Attorney Ad Litem, Guardian Ad Litem, Mediator, and Competency Evaluator Appointment Application**

(For appointments made pursuant to TX Govt. Code §§ 74.092, 74.098, 36.004, 36.005, & 37.001, et seq.)

\* Return this form to: Joe Lopez, 49th District Judge, 1110 Victoria Street, Suite 304, Webb County Justice Center, Laredo, Texas 78040  
or email to: [rogerio@webbcountytexas.gov](mailto:rogerio@webbcountytexas.gov)

**Demographic Information:**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Email address: \_\_\_\_\_ (required)

**Please fill in the requested information to apply for a position on the designated appointment wheels:**

- 1) State Bar Number: \_\_\_\_\_ I have been licensed to practice law in the State of Texas since -  
\_\_\_\_\_
  
- 2) I have been certified as a mediator in Texas by completing the 40 hour basic course through the Dispute Resolution Center or at another program providing similar training (list training if applicable)  
\_\_\_\_\_ since \_\_\_\_\_
  
- 3) I have been certified/trained as a mediator in these specific areas (list all that apply)  
\_\_\_\_\_ since \_\_\_\_\_
  
- 4) I have been certified/trained in family law or CPS as a mediator by \_\_\_\_\_  
\_\_\_\_\_ since \_\_\_\_\_
  
- 5) I have been a licensed and/or certified physician or psychologist in Texas since \_\_\_\_\_
  
- 6) I have been a practicing guardian ad litem since \_\_\_\_\_ and I have the following  
certifications/training \_\_\_\_\_

**Professional Experience and Certifications:** Please check the appropriate experience, certifications, and indicate the number of cases handled.

| <u>Type of Experience</u>                 | <u>Years' Experience</u> | <u>No. of Cases</u> | <u>Board Certification</u>                         | <u>Date Certified</u> |
|-------------------------------------------|--------------------------|---------------------|----------------------------------------------------|-----------------------|
| <input type="checkbox"/> Civil litigation | _____                    | _____               | <input type="checkbox"/> Family law                | _____                 |
| <input type="checkbox"/> Bench trials     | _____                    | _____               | <input type="checkbox"/> Civil Trials              | _____                 |
| <input type="checkbox"/> Family law       | _____                    | _____               | <input type="checkbox"/> Criminal law              | _____                 |
| <input type="checkbox"/> CPS cases        | _____                    | _____               | <input type="checkbox"/> Personal Injury Trial law | _____                 |
| <input type="checkbox"/> Appellate        | _____                    | _____               | _____                                              | _____                 |
| <input type="checkbox"/> Juvenile         | _____                    | _____               | _____                                              | _____                 |
| <input type="checkbox"/> Edu/school       | _____                    | _____               | _____                                              | _____                 |

**Special Skills:** Please indicate any special skills or expertise.

**Language**

- Spanish
- Vietnamese
- Sign Language
- Other: \_\_\_\_\_

**Other Areas of Expertise**

- Social Work
- Education
- Mediation
- Mental Health
- CASA training/# of hours \_\_\_\_\_
- Other: \_\_\_\_\_

**Agreements & Representation:**

**All Kinds of Cases**

By my signature below, I request appointment as (please check all that apply):

- Attorney Ad Litem (non-Family Code)
- Attorney Ad Litem (Tax Cases)
- Attorney Ad Litem/Amicus Attorney (Family Code)
- Competency Evaluator
- Guardian Ad Litem (Family Law)
- Guardian Ad Litem (Friendly Suits)
- Mediator

**Notice of Order of Appointment**

I have the ability to receive email, and I monitor all emails I receive at least every 24 hours. I agree to accept notice by email from the Office of the 49<sup>th</sup> District Court of my appointment to a case. If for some reason I do not wish to undertake the representation to which I have been appointed, I will promptly respond by email requesting that another individual be appointed in my place. The Office of the 49<sup>th</sup> District Court will provide me with the name of a substituting person, however, I must draft the order of substitution and assure that it is signed and filed. I understand that excessively frequent requests to appoint another individual may justify my removal from the list.

When, due to vacation, illness, or workload, I do not wish to be appointed for some period of time, I may request, in writing to the Office of the 49<sup>th</sup> District Court, not to be appointed temporarily. I understand that excessively frequent and/or lengthy requests not to be appointed temporarily may justify my removal from the list.

By my signature below, I understand the Office of the 49<sup>th</sup> District Court will post my name as an eligible appointment for any of the requested appointments that I have selected pursuant to Texas Gov't Code Sec. 37.005. Additionally, such appointment will be pursuant to Texas Gov't Code Sec. 37.004.

**I understand that I have a duty to report back to the Office of the 49<sup>th</sup> District Court within 1 month of the completion of my appointment the following:**

1. The number of hours I bill and my hourly rate or my flat fee arrangement in each case in which I am appointed;
2. The total amount of compensation paid to me in each case in which I am appointed; and
3. The source of my compensation.

**I understand that a failure to report the information as required above may justify my removal from the list. Notwithstanding the foregoing, I understand that upon receiving notice of an order appointing me, I am the attorney, guardian ad litem, mediator or competency evaluator of record unless and until an order permitting my withdrawal is signed and filed.**

**Good Standing**

By my signature below I certify that one or more of the following applies to me (check all that apply):

Attorney Ad Litem (Non-Family Code or Tax Cases):

\_\_\_\_\_ I am an attorney in good standing with the State Bar of Texas and my principle practice is in Webb County. I will notify the Office of the 49<sup>th</sup> District Court, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Attorney Ad Litem/Amicus Attorney—Family Law:

\_\_\_\_\_ I am an attorney in good standing with the State Bar of Texas and my principle practice is in Webb County. I will notify the Office of the 49<sup>th</sup> District Court, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE. I am board certified in family law OR I have 10 hours of my certified CLE credits annually in the Family Law/Ad Litem Attorney Appointment area.

Guardian Ad Litem (in family law cases):

\_\_\_\_\_ I am an attorney in good standing with the State Bar of Texas and my principle practice is in Webb County. I will notify the Office of the 49<sup>th</sup> District Court, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE. I am board certified in family law OR I have 10 hours of my certified CLE credits annually in the Family Law/Ad Litem Attorney Appointment area.

\_\_\_\_\_ I have a Master's degree in one of the following areas: Social or Behavioral Science, Social Work, Sociology, Psychology, Counseling or Education. I am licensed as a Professional Counselor, Social Worker, or Marriage and Family Therapist. I have at least one (1) letter of recommendation from a Webb County practicing attorney specifically detailing my experience and education relating to family law or CPS cases in Webb County. I have at least three (3) years of experience in casework with children, family counseling or mediation.

Guardian Ad Litem (in friendly suits):

\_\_\_\_\_ I am an attorney in good standing with the State Bar of Texas and my principle practice is in Webb County. I will notify the Office of the 49<sup>th</sup> District Court, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Mediator:

\_\_\_\_\_ I am a mediator and all of my professional mediator certifications and/or licenses are current. I have completed the 40 hour basic training course provided through the Dispute Resolution Center or another program providing similar training. I have completed a minimum of five (5) mediations involving Webb County cases.

Competency Evaluator:

\_\_\_\_\_ I am a physician or psychologist who is licensed and certified in this state and who performs examinations to determine whether an individual is incapacitated or has an intellectual disability for purposes of appointing a guardian for the individual. All of my professional competency evaluator certifications and/or licenses are current.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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