

WEBB COUNTY APPLICATION/AFFIDAVIT  
Criminal Felony, Misdemeanor or Juvenile Courts Attorney Appointment List

**PLEASE COMPLETE THIS ENTIRE PAGE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ FAX No. \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

\*Note: You will receive notification of appointment by fax and e-mail.

**EDUCATION**

1. Undergraduate School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_
3. Date licensed to practice law in Texas: \_\_\_\_\_ Bar Card No. \_\_\_\_\_
4. Are you fluent in any language other than English? Which language(s)?  
\_\_\_\_\_
5. Have you attended the Advanced Criminal Law Course within the last four years?  
\_\_\_\_ Yes \_\_\_\_ No
6. How many Criminal Law CLE hours have you completed in the last calendar year?  
(Please state where and when you completed the hours)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you ever been sanctioned or reprimanded by the State Bar? \_\_ Yes \_\_ No If  
"yes" where and when \_\_\_\_\_  
Do you have any pending grievances? \_\_\_\_ Yes \_\_\_\_ No. If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE-GENERAL**

Briefly describe your legal experience and the type of law you have practiced including what percentage has been criminal law:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EXPERIENCE-CRIMINAL**

Have you ever served in a criminal prosecutor’s office? Yes \_\_\_\_ No \_\_\_\_

If “yes,” where and when: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever served as the lead counsel in the defense or prosecution of a criminal or juvenile case? Yes\_\_ No \_\_ If “yes,” how many times? \_\_\_\_ Misdemeanor \_\_\_\_ Felony \_\_\_\_ Juvenile

Type of juvenile case: \_\_\_\_\_

How many criminal or juvenile jury trials have you tried as lead counsel? \_\_\_\_ Misdemeanor \_\_\_\_

Felony \_\_\_\_ Juvenile In the last 12 months: \_\_\_\_ Misdemeanor \_\_\_\_ Felony \_\_\_\_ Juvenile

Type of juvenile case: \_\_\_\_\_

Have you ever tried a capital murder case where the State was seeking the death penalty?

Yes\_\_ No\_\_ If “yes,” specify case and when it was tried: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

First Chair: \_\_\_\_\_ Second Chair: \_\_\_\_\_

Check those that apply.

\_\_\_ Have at least five years of experience in criminal litigation

\_\_\_ Have tried to verdict as lead defense counsel a significant number of felony cases (at least 5-10)

\_\_\_ Have trial experience in the use of and challenges to mental health or forensic expert witnesses

\_\_\_ Have investigated and presented mitigating evidence at the penalty phase of a death penalty trial

\_\_\_ Have participated in continuing legal education courses or other training relating to criminal defense in death penalty cases

**EXPERIENCE-APPELLATE**

Do you want to be assigned appellate appointments? Yes\_\_\_\_ No\_\_\_\_

Number of briefs filed: \_\_\_\_\_ Number of oral arguments: \_\_\_\_\_

**SPECIAL QUALIFICATIONS**

Are you board certified in criminal law? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you board certified in juvenile law? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you licensed to practice in federal court? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," have you received an appointment from federal court in the last year? Yes \_\_\_\_ No \_\_\_\_

If you possess any additional special qualifications or experience you would like considered in lieu of those required by the qualifications to represent criminal defendants:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the Webb County Qualifications I am qualified to receive appointments on the following:

- |   |  |
|---|--|
| _____ Felony 3g/1 <sup>st</sup>               | _____ Juvenile (Check those that apply):                           |
| _____ Felony 2 <sup>nd</sup> /3 <sup>rd</sup> | ( ) Determinate or habitual felony, C&T, 3g/1 <sup>st</sup> degree |
| _____ Felony SJF                              | ( ) Other Felonies   |
| _____ Misdemeanor                             | ( ) Misdemeanors/CINS  |
| _____ Appeals                                 |  |

I do not qualify technically to receive court appointments for \_\_\_\_\_ cases because \_\_\_\_\_

\_\_\_\_\_

I wish to apply for an exception to the qualifications to receive court appointments for the following reason (s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are applying for a grace period exception, please indicate when you will have your qualifications met \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you want to be listed as a Spanish-speaking attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to accept clients who speak the languages listed in question number four?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If you need additional space to answer any of the questions please place the answers on an additional page.*

**CERTIFICATION OF KNOWLEDGE OF STANDING  
RULES FOR PROCEDURES FOR TIMELY AND FAIR  
APPOINTMENT OF COUNSEL FOR INDIGENT ACCUSED  
PERSONS IN WEBB COUNTY, TEXAS**

I certify, under oath, that I have received, read, and understand the Webb County Plan and Standing Rules and Orders for Procedures for Timely and Fair Appointment of Counsel for December 20, 2001, and effective January 1, 2002 and will comply with said plan, rules, and orders.

I certify, under oath, that I shall maintain an office with a phone which is answered a receptionist or answering service from 8:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 5:00 p.m. Monday through Friday (except for Webb County holidays as set out in the official Webb County calendar approved by the Webb County Commissioner's Court) and by which a receptionist or/and answering service can promptly locate me and notify me of appointment or hearing setting. I agree I will maintain a FAX number to which FAXES may be received 24 hours a day, seven days a week, an email address and a physical address. These numbers are as follows:

Office Receptionist \_\_\_\_\_

Officer Answering Service \_\_\_\_\_

Fax number \_\_\_\_\_

Cellular \_\_\_\_\_

E-mail address \_\_\_\_\_

Physical Address \_\_\_\_\_

I will give written notice of any change in these notification numbers to each County Court at Law, District Court and Juvenile Judge and Justice of the Peace in Webb County prior to the change.

I acknowledge that I shall contact any accused person I am appointed to represent by the end of the first working day following notification of my appointment.

I acknowledge that I shall interview said accused person as soon as practicable.

I, \_\_\_\_\_, certify, under oath, that I will zealously represent my client but always within the bounds of the law and legal ethics of Texas.

I understand that I must timely submit my bill for:

1. Indigent legal representation within 15 days of the date a case is disposed of by a plea or bench trial; or
2. Indigent legal representation within 15 days of the date of judgment in a trial; or
3. Indigent appeal representation within 15 days of the date a mandate is returned on appeal.

I understand and acknowledge that failure to comply, without showing of good cause, with these time requirements shall result in my waiver of right for such compensation and my services will have been performed PRO BONO.

I understand that I have a continuing duty to file an Amended Affidavit within 30 days of the date any of the above information changes.

I hereby, have been sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my signature on this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
AFFIANT

Print Name: \_\_\_\_\_

Bar No. \_\_\_\_\_

Subscribed and Sworn to before me this the \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
NOTARY PUBLIC / PERSON AUTHORIZED  
TO ADMINISTER OATHS

Print Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Seal