



**FORT BEND COUNTY  
APPLICATION & ATTORNEY PROFILE FOR CRIMINAL APPOINTMENTS  
ADDENDUM C**

*Please complete all fields listed below prior to returning the form to the Indigent Defense Department. You may use additional pages if necessary.*

**ATTORNEY'S GENERAL INFORMATION**

Name: \_\_\_\_\_ Law Firm (if any affiliation): \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ SBN: \_\_\_\_\_

Web Page: \_\_\_\_\_ Other Media Pages: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Number of Years in Practice: \_\_\_\_\_

Do you speak a foreign language? Yes:  // No:  // Fluent Languages: \_\_\_\_\_

**STATE BAR STATUS AND EXPERIENCE**

Are you in good standing with the State Bar of Texas? Yes:  // No:  // If no, please explain: \_\_\_\_\_

Have you ever been sanctioned, reprimanded by the State Bar of Texas or any other State Bar? Yes:  // No:  // If yes, please explain: \_\_\_\_\_

Have you ever admitted to giving or been deemed to have provided ineffective assistance of counsel in connection with an official proceeding? Have you been sanctioned in writing by a Court? Yes:  // No:  //

If yes, please explain: \_\_\_\_\_

Please list any Board Certifications you hold: \_\_\_\_\_

Current criminal caseload: \_\_\_\_\_ Percentage of criminal practice: \_\_\_\_\_ Total caseload: \_\_\_\_\_

How many criminal cases have you tried to conclusion before a jury? \_\_\_\_\_

Of those felony trials, how many were first chair? \_\_\_\_\_ 1<sup>st</sup> Deg. \_\_\_\_\_ 2<sup>nd</sup> Deg. \_\_\_\_\_ 3<sup>rd</sup> Deg.

Of those felony trials, how many were second chair? \_\_\_\_\_ 1<sup>st</sup> Deg. \_\_\_\_\_ 2<sup>nd</sup> Deg. \_\_\_\_\_ 3<sup>rd</sup> Deg.

Of those misdemeanor trials, how many were first chair? \_\_\_\_\_ Class A \_\_\_\_\_ Class B

Of those misdemeanor trials, how many were second chair? \_\_\_\_\_ Class A \_\_\_\_\_ Class B

How many Sexual Assault and Indecency offenses have you been lead counsel: \_\_\_\_\_

How many DWI related offenses have you been lead counsel: \_\_\_\_\_

How many Drug related offenses have you been lead counsel: \_\_\_\_\_

How many Assaultive related offenses have you been lead counsel: \_\_\_\_\_

Have you ever practiced immigration law or provided immigration advice/counsel? Yes:  // No:

If yes, would you be willing to work with defendants that have immigration issues, in addition to the criminal charges: Yes:  // No:

Are there any other circumstances that may interfere with your ability to practice law? (i.e. pending criminal charges, convictions or probation for crimes of moral turpitude, or any matter that may negatively reflect on your addition to the appointment list) Yes:  // No:  // If yes, please explain: \_\_\_\_\_

### ADDITIONAL REQUIRED INFORMATION

Please attach to this application:

1. Any other documents or statements that describe anything that you wish to include for consideration that you feel makes you uniquely qualified to accept appointments in Fort Bend County cases (e.g. participation in criminal law mentoring programs; prosecutorial experience; AV rated by Martindale-Hubbell, awards, or any other recognition for professional competence);
2. A recent passport size photograph of you; and
3. A copy of your entire profile page from the Texas State Bar website and your full CLE transcript indicating you have complete at least fifteen (15) hours pertaining to the defense of defendants in criminal cases, in the preceding calendar year, as required by the current the Ninth Amended Fort Bend County Adult Plan and Local Rules For the Appointment of Counsel to Indigent Defendants In the District and County Courts of Fort Bend County, Texas, Pursuant to Art. 26.04, ET Seq., Texas Rules of Criminal Procedure; or
4. A copy of your entire profile page from the Texas State Bar website and your full Texas Board of Legal Specialization in Criminal Law transcript, effective for the calendar year for which this Recertification applies.

### REQUESTED APPOINTMENT LISTS

(1) I want to be considered for appointments on the following appointment lists:

- Fort Bend County Courts at Law
- Fort Bend County District Courts  
*Please Circle Applicable: 3G Offenses // 1<sup>st</sup> Degree Felonies // 2<sup>nd</sup> and 3<sup>rd</sup> Degree Felonies // State Jail Felonies.*
- Misdemeanor Mental Health\*
- Felony Mental Health\*
- Appeals: Felony and Misdemeanor

\*Please attach to your application proof that you have completed the required mental health CLE or attended/viewed the Fort Bend County Criminal Justice Mental Health Seminar.

*If the information on your Attorney Profile Form changes, it is your responsibility to file an updated Attorney Profile Form with the Fort Bend County Indigent Defense Office.*

I certify that I have read the requirements to be placed on the appointment lists and that I do possess the necessary qualifications for appointment as an attorney for indigent defendants in Fort Bend County for the above requested lists.

By my signature below, I swear or affirm that the information provided in this application is true and correct. I understand that I have a continuing duty to alert the Courts if any of my above answers change in a way that would affect my ability to receive appointments. I further understand that I must keep my contact information up to date with the Fort Bend County Indigent Defense Department. Failure to correct any answer or provide up to date contact information may result in my immediate removal from my requested appointment list(s). (Please retain a copy for your records).

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me, \_\_\_\_\_ on the \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Notary Public in and for the State of Texas Seal:

<b>COURT USE ONLY:</b> Date submitted: _____      Date Approved: _____
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