## TEXAS FAIR DEFENSE ACT APPLICATION FOR COURT APPOINTMENTS IN 81<sup>ST</sup>/218<sup>TH</sup> DISTRICT COURTS AND COUNTY COURTS OF ATASCOSA, FRIO, KARNES, LA SALLE & WILSON

LAST NAME:		_FIRST:	SI	BN:
PHYSICAL ADI	DRESS:			
MAILING ADD	RESS:			
OFFICE:	FA	AX:	M0	DBILE:
E-MAIL:				
NUMBER OF Y	EARS OF PRACTICE	OF CRIMINA	L LAW:	
If new attorney, p	please attach resume or	c.v.		
I,		, hereby reque	est to be placed on t	he Public Appointment List for the
following categor	ry (ies):			
	(CAPITAL CASE):			
(A-1) CAP	PITAL TRIAL			
(A-2) CAP	PITAL APPELLATE (S	UBMIT A BR	IEF YOU HAVE AU	JTHORED)
CATEGORY B (	(FELONY):			
ALL FELO	DNY			
(B-7) APP	ELLATE			
CATEGORY C (	(MISDEMEANOR):			
(C-1) CLA	ASS "A", "B" AND "C"	,		
CATEGORY D	(JUVENILE)			
(D) JUVE	NILE			
CLASS E (WRI7				
(E-1) WRI	TS OF HABEAS COR	PUS		
WRIT CA'	TEGORY (POST CON	VICTION)		
CLASS F (SPEC	LANGUAGE)			
(F) SPECL	AL LANGUAGE APP	OINTMENT (	SPECIFY LANGUA	GE):
NAME OF REF	ERRING ATTORNEY:			
COUNTIES IN V	WHICH YOU WOULD	LIKE TO RE	CEIVE APPOINTM	ENTS: (circle)
WILSON	ATASCOSA	FRIO	KARNES	LA SALLE

I meet the requirements to be placed on the appointment list. I have read and understand the requirements for appointments in this jurisdiction.

I understand that the law requires that I make every reasonable effort to contact the defendant not later than the end of the first working day after the date on which I am appointed and interview the defendant as soon as practicable after I am appointed. I will represent the defendant until charges are dismissed, the defendant is acquitted, appeals are exhausted, or until I am relieved of my duties by the Court or replaced by other counsel.

I also understand that as an officer of the Court I will be held responsible by the Courts for the truthfulness of the information provided in this form.

Signature of Applicant

Judge's Signature

\_\_\_\_ Approved