

# APPLICATION

## Smith County Criminal Courts Attorney Appointment List

Please complete both pages:

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

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

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

Business Phone: \_\_\_\_\_

\_\_\_\_\_

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

Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### EDUCATION

1. Undergraduate School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

2. Law 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 year?

YES  NO

6. Have you had at least ten (10) hours of CLE in *Criminal Law* in the last calendar year?

YES  NO

If "yes" where and when \_\_\_\_\_

\_\_\_\_\_

7. Have you ever been sanctioned or reprimanded by the State Bar?  YES  NO

If yes, explain \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPERIENCE – CRIMINAL

Have you ever served as the lead counsel in the defense or prosecution of a criminal case?

YES  NO

If "yes," how many times? \_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony

**EXPERIENCE – CRIMINAL (continued)**

How many criminal jury trials have you tried as lead counsel?

\_\_\_\_\_ Misdemeanor \_\_\_\_\_ Felony In the last 24 months: \_\_\_\_\_

Have you been lead or co-counsel in a *Capital Murder* case where the State was seeking the death penalty?  YES  NO If 'yes,' please note case and date:

First Chair \_\_\_\_\_

Second Chair \_\_\_\_\_

Check all that apply

- Have at least five (5) 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 licensed to practice in federal court?  YES  NO

If you possess any additional special qualifications to represent criminal defendants, please state them briefly: \_\_\_\_\_

Based on the Smith County Qualifications I am qualified to receive and want to accept appointments on the following: (If you check 1<sup>st</sup> degree felony, you will be qualified on all grades of offense below 1<sup>st</sup> degree, etc. If you prefer misdemeanor or felony appointments, please note that preference. You may or may not be placed according to that preference.)

- |   |   |
|---|---|
| <input type="checkbox"/> Capital Murder                                 | <input type="checkbox"/> Writ                     |
| <input type="checkbox"/> Felony/1 <sup>st</sup> [and capital non-death] | <input type="checkbox"/> Appeals                  |
| <input type="checkbox"/> Felony/2 <sup>nd</sup> – 3 <sup>rd</sup>       | <input type="checkbox"/> Revocations _____ Felony |
| <input type="checkbox"/> SJ Felony/Misdemeanor                          | _____ Misdemeanor                                 |

I prefer *Misdemeanor/Felony* preference appointments. (circle one)

By my signature I attest that the information I have provided in this application is true and accurate.

\_\_\_\_\_  
Name of Applicant [Print Legibly]

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

**Note: You will receive notification of appointment by fax and/or e-mail**