## ATTORNEY'S CERTIFICATION AND REQUEST TO REPRESENT INDIGENT DEFENDANTS

Please complete this entire p	oage:		
Name:			
Business Address:		City:	Zip:
Business Phone:	Cell Phone:		
E-Mail Address:			• .
Licensure & Continuing Legs	al Education:		·
Date Ilcensed to practice law in		В	ar Card #
Are you fluent in any language			•
Which language(s)?			
Have you taken an Indigent De			
How many CLE hours in crimin			<del></del>
How many CLE hours in juveni			
Have you ever been sanctioned		•	
If yes, explain:			<u></u>
Experience - Juvenile/Crimir			
Number of juvenile/criminal cas	ses for which you have bee	n hired as cour	isel in the preceding 2
years?	•		
0 - 25 26 -	· 50 · 51 - 99	100+	
Number of juvenile/criminal cas			counsel in the preceding
2 yrs?	•	••	
0 - 25 2	6 - 50 51 - 99	100+	
How many competency to stan	d trial hearings have you h	andled in the pi	receding 5 years?
0 1	-3 4-8 _	7-9	10+
How many juvenile/criminal app	peals have you written, rese	earched and/or	filed in the preceding 5
years?			
0 1	-34-6 _	7+	
Request for Appointment as	Counsel for Indigent Defe	ndants:	
Based on the 32 <sup>nd</sup> Judicial Distr to be appointed on the following	rict qualifications, I certify th g:	nat I am qualifie	ed to receive and request
Notan County:	Fisher County:	Mitchell	County:
felony	felony	feld	ony
misdemeanor juvenile	misdemeanor juvenite	mi: juv	sdemeanor eoile
appellate civil contempt	appellate	ap	cilic Sellate
civil contempt	civil contempt		il contempt
By my signature, I attest that the accurate, in substance and in fa	e information I have provide act.	ed in this applic	ation is true and
Signature of Applicant	D	ate	