

ATTORNEY APPOINTMENT LIST APPLICATION
(Personal Injury/Appellate)
Denton County District Courts

Name: _____ Date of Application: _____

Bar Card Number: _____ Date Licensed: _____

Business Mailing Address: _____

Business Physical Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax Phone: _____

Email Address: _____

I am requesting my name be placed on:

Personal Injury Appointment List: Appellate Appointment List:

Are you fluent in any language other than English? Yes No

Which languages? _____

If yes, do you wish to be listed as a foreign language attorney? Yes No

CHARACTER, REPUTATION AND CONFLICTS

Are you currently a member in good standing of the State Bar of Texas?

Yes No

Have you been publicly sanctioned or reprimanded by the State Bar of Texas within the last three (3) years?

Yes No

If yes, attach decisions by the committee and, if desired, any written explanations.

Are you a magistrate, city judge, assistant city judges, or any city, county, or state official?

Yes No If yes, where and in what capacity?

Are you currently under indictment or charged with a criminal offense greater than a class "C"?

Yes No

If yes, attach a description of the charges, where they are pending and the current status.

Have you been convicted or placed on probation for any offense greater than a class "C"?

Yes No

If yes, attach copies of all final orders (or those deferring adjudication) and judgments.

Have you ever admitted, or been found, in connection with an official proceeding, to having provided ineffective assistance of counsel?

Yes No

If yes, explain by attaching any applicable documents and, if desired, any written explanations.

EXPERIENCE

Are you board certified in personal injury or appellate law, by the Texas Board of Legal Specialization?

Personal Injury: Yes No Appellate: Yes No

Are you a current member of the Denton County Bar Association? Yes No

What percentage of your practice is solely devoted to Personal Injury? _____

How long have you been practicing Personal Injury? _____

For Appellant Applicants ONLY:

Number of briefs filed in appellate courts in the last 5 years: _____

Attach samples of two briefs.

Number of oral arguments made in appellate courts in the last 5 years: _____

If you possess any additional special qualifications to perform family law appeals, please state them briefly:

By my signature I attest that I have read, understand and agree to abide by the duties of the Rules of Appellate Procedure and the rules of ethics promulgated by the State Bar of Texas and affirm that the information I have provided in this application is true and correct.

Signature of Applicant

Date