



THIRD ADMINISTRATIVE JUDICIAL REGION OF TEXAS
APPLICATION TO BE MAINTAINED ON LIST OF ATTORNEYS QUALIFIED FOR
APPOINTMENT IN DEATH PENALTY CASES

I, _____, State Bar Card Number,
_____ request that the Local Selection Committee maintain my name on the list of attorneys qualified for appointment as:

- lead trial counsel lead appellate counsel second chair

in death penalty cases. Therefore, in compliance with the provisions of Article 26.052, Texas Code of Criminal Procedure, I swear or affirm that I meet the following standards promulgated by the Local Selection Committee:

1. I am a member in good standing of the State Bar of Texas.
2. I remain qualified for appointment in death penalty cases pursuant to the Standards for Qualification of Attorneys for Appointment in Death Penalty Cases, as adopted and revised by the Local Selection Committee for the Third Administrative Judicial Region of Texas.
3. I have not been found by a federal or state court to have rendered ineffective assistance of counsel during trial or appeal of any criminal case, nor have I filed documents admitting that I have rendered ineffective assistance of counsel in any criminal case;
OR
I request a waiver of this requirement and have attached documentation in support of the request.
4. I have participated in the following continuing legal education courses or other training relating to criminal defense:

Name of Course / Death Penalty Training / Name of Provider / Date Attended

A copy of my most recent Annual Verification Report from the State Bar of Texas Minimum Continuing Legal Education Department is attached.

ATTORNEY'S CERTIFICATE

I declare under penalty of perjury that the foregoing is true and correct, and I make these representations in order to gain approval by the Death Penalty Qualified Attorneys Selection Committee on the Third Administrative Judicial Region of Texas to be qualified for appointment as counsel in death penalty cases with said Region. I understand that any false statement contained herein may result in the immediate revocation of my certification as a qualified attorney in death penalty cases and may further result in such other penalties as provided by law.

_____ Bar No. _____
Signature of Affiant

Printed name

Mailing Address of Affiant

Address/City/State /Zip

Office Telephone Number

Office Fax No.

E-mail Address