FIRST ADMINISTRATIVE JUDICIAL REGION
ANNUAL ATTORNEY CERTIFICATION OF CLE HOURS

Attach a copy of your MCLE Compliance Report *from the State Bar of Texas. List course name, dates attended, and hours relating to the defense of death penalty cases below. If qualifying for death penalty appeals, designate those CLE hours that relate to the appeal of death penalty cases.* ***Complete the entire form.*** *You may attach additional sheets if necessary, but* ***do not simply state "see attached"*** *in lieu of filling in the required information below.*

Attorney Contact Information

Name: _____

Primary Office Address: _____

_____

Telephone: _____ Fax: _____

E-Mail: _____

Death Penalty Related CLE Attended July 1, 2014 – June 30, 2015:

Course Name:	Dates Attended:	Death Penalty Trial Hours:	Death Penalty Appeal Hours:

Death Penalty Related CLE Attended July 1, 2013 – June 30, 2014:

Course Name:	Dates Attended:	Death Penalty Trial Hours:	Death Penalty Appeal Hours:

I, _____, the undersigned attorney, hereby state under oath that I am in compliance with the general and specific qualifications for appointment to death penalty cases in the First Administrative Judicial Region.

Date: _____ _____
Attorney

On this date personally appeared before me _____, who, having been by me duly sworn, stated that all the foregoing information is true and correct.

Date: _____ _____
Notary Public
SEAL My commission expires: _____