

**TEXAS FAIR DEFENSE ACT
HARRIS COUNTY DISTRICT COURTS**

**APPLICATION
REASSESSMENT OF COURT APPOINTMENT LEVEL
JANUARY, 2017**

NOTE: This application is for attorneys who are currently approved for felony appointments and wish to have their appointment level reconsidered.

CAVEAT: After reviewing the completed application, the board of judges may: 1) upgrade applicant's classification; 2) downgrade applicant's classification; 3) leave applicant's classification unchanged; or 4) remove applicant from the master list. (See Standards and Procedures 5.7).

Follow the instructions in each section carefully. Please ensure that your responses are legible.

You must submit a **signed and notarized** application, photo in digital format, MCLE report and any other required documentation, to fdams@justex.net by **5:00 p.m. on Wednesday, January 18th, 2017**. Paper copies will not be accepted. Late applications will not be accepted.

Those interested in accepting Capital appointments must contact the Second Administrative Judicial Region of Texas at 936-538-8176 or visit

<http://www.co.montgomery.tx.us/dcourts/2ndadmin/>

Information about each court's appointment procedures and requirements for term attorneys is provided on the Harris County District Courts' Fair Defense Act website at www.justex.net. Click on the Fair Defense Act Management System link.

If you have any questions about the application or the application process, please call the Administrative Office at 713-755-6575.

Required Application Attachments

(Must be sent in the same email with the application)

1. A recent electronic photograph (jpeg format) of yourself. No printed photos will be accepted. The administrative office will not take photos.
2. Your **most recent** annual CLE report from the State Bar in electronic format (PDF or Microsoft Word).
3. An electronic copy of an appellate brief or a post-conviction writ you authored and filed. **(Only required if applying for appellate appointments.) Paper copies will not be accepted.**
4. Any other documents, in electronic format specified in the application.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**TEXAS FAIR DEFENSE ACT
HARRIS COUNTY DISTRICT COURTS
APPLICATION FOR REASSESSMENT OF APPOINTMENT LEVEL
January, 2017**

**PART A
INFORMATION & EXPERIENCE
(REQUIRED OF ALL APPLICANTS)**

ATTORNEY CONTACT INFORMATION (Please Print Very Clearly):

TITLE: _____

LAST NAME: _____

LAST NAME IN JIMS: _____
(if different)

FIRST NAME: _____

BAR CARD #: _____ *SPN:* _____

PHYSICAL ADDRESS: _____
(not a P.O. Box)

CITY: _____ *ZIP:* _____

MAILING ADDRESS: _____

CITY: _____ *ZIP:* _____

TELEPHONE #: _____ *FAX #:* _____

PAGER #: _____ *CELL PHONE #:* _____

E-MAIL ADDRESS: _____

Check all appointments for which you are:	<u>CURRENTLY</u> approved	<u>APPLYING FOR</u> approval
1. 1st-Degree Felonies	<input type="checkbox"/>	<input type="checkbox"/>
2. 2nd-Degree Felonies	<input type="checkbox"/>	<input type="checkbox"/>
3. 3rd-Degree Felonies/STJF/MRPs/MAJs	<input type="checkbox"/>	<input type="checkbox"/>
4. Non-Capital Appeals	<input type="checkbox"/>	<input type="checkbox"/>

_____ 5. As of the date of this application, how many years have you been in practice?

6. Did your name appear on the Fair Defense Act Ballot, either as a new candidate or reassessment candidate, last year? (**circle only one choice below**)

Yes – as a new candidate

Yes – as a reassessment candidate

No – my name did not appear on the Fair Defense Act Ballot last year

ATTORNEY TRIAL EXPERIENCE

Please read each question carefully. Your answers must add up as indicated below. Although you may estimate your response, the response must be in **discrete numbers** (i.e., 4, 12, 31). **Do not answer in ranges** (i.e., 5-10, 10-50). **Do not answer** with phrases such as “more than 20” or “at least 100”. If answers are not in the appropriate format, the processing of your application will be delayed.

Questions 7-19. These questions refer to the number of **criminal cases you have tried to conclusion before a jury**. This number should include hung juries, but exclude agreed competency hearings. Include **all** criminal cases you have tried either in Harris County, another county, or Federal Court.

FELONY EXPERIENCE

- _____ 7. As **first chair**, how many felony criminal cases have you tried to conclusion before a jury?
- + _____ 8. As **second chair**, how many felony criminal cases tried to conclusion before a jury?
- = _____ 9. **How many total felony criminal cases have you tried to conclusion before a jury. (Add the number you entered for Question 7 to the number you entered for Question 8.)**

FEDERAL EXPERIENCE

- _____ 10. As **first chair**, how many federal criminal cases have you tried to conclusion before a jury?
- + _____ 11. As **second chair**, how many federal criminal cases have you tried to conclusion before a jury?
- = _____ 12. **How many total federal cases have you tried to conclusion before a jury? (Add the number you provided in Question 10 to the number you entered for Question 11.)**

MISDEMEANOR EXPERIENCE

- _____ 13. As **first chair**, how many misdemeanor criminal cases have you tried to conclusion before a jury?
- + _____ 14. As **second chair**, how many misdemeanor criminal cases have you tried to conclusion before a jury?
- = _____ 15. **How many total misdemeanor criminal cases have you tried to conclusion before a jury? (Add the number you provided in Question 13 to the number you entered for Question 14.)**

TOTAL CRIMINAL EXPERIENCE

- _____ 16. **What is the total number of criminal cases you have tried to conclusion before a jury? (Add the total numbers from Question 9, Question 12 and Question 15.)**

RECENT EXPERIENCE

- _____ 17. Of the total cases cited in Question 16, how many criminal cases have you tried to conclusion before a jury **in the last five (5) years?**

<p>PART B</p> <p>APPELLATE EXPERIENCE</p> <p>(TO BE COMPLETED <u>ONLY</u> BY APPLICANTS SEEKING APPELLATE APPOINTMENTS)</p>
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- _____ 18. How many appellate briefs or post-conviction writs have you authored? (Exclude any subcontracted briefs.) Attach an electronic copy of an appellate brief or writ you wrote.

19. Have you ever been found by a court to have rendered ineffective assistance of counsel?

Yes No

PART C
REFERENCES

Please provide the names and contact information for at least **three (3)** references. References should be either judges you have tried cases before or attorneys who know your practice. You must provide at least **one (1)** of each type of reference (i.e., either 2 judges and 1 attorney, or 1 judge and 2 attorneys). You must also list the month and year of the most recent case you tried in each judge's court.

Name	Judge/Attorney	Phone Number	Date
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____

PART D
REQUEST FOR REASSESSMENT
(REQUIRED OF ALL APPLICANTS)

23. Please explain in detail why you are requesting that your appointment level be reassessed. Be specific about which of your qualifications have changed since your original application. If you have applied for a reassessment before, be specific about how your qualifications have changed since your last application for reassessment. Include any information that will assist the district court judges in evaluating your ability to provide qualified representation for defendants in the category for which you wish to be considered. Please type or write your response legibly. Limit your response to the space provided below or to a maximum of one typed page.

PART E
JURAT
(REQUIRED OF ALL APPLICANTS)

Applicant's signature

SWORN TO and SUBSCRIBED before me on _____(date).

Notary Public in and for
The State of Texas

My commission expires: