

**APPLICATION FOR CIVIL CASE APPOINTMENT LIST**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Firm/Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email address: \_\_\_\_\_

List all foreign languages in which you are fluent (if any): \_\_\_\_\_

I am board certified in the following areas: \_\_\_\_\_

**I certify that:**

I am currently licensed and in good standing to practice law in the state of Texas.

I agree to accept all communications and correspondence from the courts via email.

I have read the civil case appointment protocol and I agree to abide by the rules and conditions of appointment set forth therein.

I understand that I have a continuing duty to file an amended application within thirty (30) days of the date any of the information in this application changes.

I will comply with the Texas Lawyer's Creed.

By requesting inclusion on the list(s) below I certify that I meet all of the qualifications necessary for that position(s) to include TRCP 173 (guardian ad litem), TRCP 244 (attorney ad item-publication), TFC 107.003 and 107.004 (Attorney ad litem/amicus), Estates Code 1002.012 (guardian), and mediator.

I ask that my name be considered for inclusion on the list of licensed attorneys eligible for court appointments in the county(s) indicated for each appointment list checked below. I state that I am competent and qualified to accept appointments for each appointment list checked below.

<b>Position</b>	<b>Walker County</b>	<b>Grimes County</b>
<input type="checkbox"/> Attorney Ad Litem/Amicus (Family Code)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attorney Ad Litem (Civil/Tax)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian Ad Litem (Minor NF)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Attorney Ad Litem (CPS)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Guardian/Attorney Ad Litem (Estate Code)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mediator	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

(File with the office of the 12<sup>th</sup> Judicial District Court)