

TRAVIS COUNTY DISTRICT COURT

CAFA Appointment List Application

Return this form to LRS: Fax (512) 472-2695 or Email to Annie@AustinLRS.org

Demographic Information

Last Name: _____ First name: _____

Office Address (this address may be made public on court documents and correspondence): _____

Telephone Number: _____ Fax Number: _____

State Bar Number: _____ Email address: _____

Firm Name (if not self-employed): _____

I have been licensed to practice law in the State of Texas since _____

Professional Experience and Certifications

(Please check the appropriate experience, certifications, and indicate the number of cases handled)

<i>Type of Experience</i>	<i>Years of Experience</i>	<i>Number of Cases</i>	<i>Board Certification</i>	<i>Date Certified</i>
_____ Jury trials	_____	_____	_____ Family law	_____
_____ Bench trials	_____	_____	_____ Civil trial law	_____
_____ Family law	_____	_____	_____ Criminal law	_____
_____ CPS cases	_____	_____	_____ Child Welfare	_____
_____ Appellate	_____	_____		
_____ Juvenile	_____	_____		
_____ School law	_____	_____		

Special Skills

(Please indicate any special skills or expertise)

Language

- _____ Spanish
- _____ Vietnamese
- _____ Sign Language
- _____ Other _____

Other Areas of Expertise

- _____ Social Work
- _____ Education
- _____ Mediation
- _____ Mental Health
- _____ Immigration
- _____ Probate
- _____ CASA training / No. of hours: _____
- _____ Other _____

CAFA Appointment List Certification Form

Agreements / Type of cases

By my signature below, I am asking to have my name placed on the CAFA list of appointed attorneys. While active on this list, I agree to accept ANY TYPE of civil court appointment assigned to me for the representation of indigent parents (mothers, fathers, or both) or one or more children in a civil Child Protective Services (CPS) case. I further acknowledge that I have read all the attached policies and procedures regarding this civil appointment list, including all billing and invoicing procedures, and agree to abide by them.

Signature: _____ Date: _____

Ability to communicate with clients and the District Judge's office

By my signature below, I certify that I have the ability to receive faxes and phone messages at the following numbers and email at the following email address, and I agree that I will regularly monitor all of my faxes, phone messages, and email at least every 24 hours. I agree that, if this information changes or I am unable to receive faxes, phone messages, or emails at the following addresses for more than 24 hours for any reason while I am active on the CAFA List, I will contact the District Judges' Office and the Lawyer Referral Service not later than the end of the next business day and notify them that my information has changed or that I am temporarily unable to receive court appointments.

Fax: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

Acceptance of automatic appointments / Substitution of Counsel

By my signature below, I agree that, if my name is on the CAFA appointment list, a judge may appoint me to a case at any time and that, from the moment that appointment is made in Court or in a written order, I am the attorney of record appointed in that case. After the appointment is made, I understand that the District Judges' Office will notify me of the appointment by email. If, for any reason, I cannot undertake the representation to which I am appointed, it is my duty, as soon as practicable, to follow all procedures under Sec. 6 of the "Policies Regarding the CAFA Appointment List" for substitution and withdrawal. I understand that any substituted attorney must be qualified and eligible to accept appointments from the Travis County District Courts' CAFA appointment list and on the correct Court Team for the case.

Signature: _____ Date: _____

Vacation / Inactive Status

I agree that I will notify the District Judges' Office, in writing as soon as practicable, when I am temporarily unable to accept new appointments due to a vacation or other time away from work, such as an illness, or due to an overload of cases on my docket. I understand that, when I do so, I will be placed on "Inactive Status" and will not receive any Court appointments until I notify the District Judges' Office that I am ready to be placed back on "Active Status."

Signature: _____ Date: _____

Lawyer Discipline / Criminal History / Eligibility for Attorney Appointments / Referrals

(1) I have been disbarred, suspended, received probation, and/or publicly or privately reprimanded as an attorney or as a member of any other profession whether in Texas or another state.

_____Yes _____No (If yes, please attach explanation.)

(2) I have been the attorney subject of a court finding of “Ineffective Assistance of Counsel.”

_____Yes _____No (If yes, please attach explanation.)

(3) I have been:

- a. charged by information or complaint with a misdemeanor offense that constitutes a crime of moral turpitude (including any charge of child abuse or domestic violence), or indicted on felony charges; or
- b. found to be a perpetrator of child abuse or neglect in any investigation by the Texas Department of Family and Protective Services that results in a disposition of “Reason to Believe”; or
- c. found by a court to have committed family violence.

_____Yes _____No (If yes, please attach explanation.)

(4) My name is currently or has in the past been **involuntarily** removed from the CAFA list of appointed attorneys or any other attorney court-appointment rotation or lawyer referral service list.

_____Yes _____No (If yes, please attach explanation.)

I understand that I have an affirmative duty to inform the District Judges’ Office within five (5) days of the day I am notified of any action or event described in sections (1), (2), (3), or (4) above.

I have answered each of the questions above truthfully to the best of my knowledge.

Signature: _____ Date: _____

Application:
Approved by Court: _____
Declined by Court: _____