

**APPLICATION FOR ADMISSION TO
CORPUS CHRISTI DIVISION 2015 CJA PANEL**

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
CORPUS CHRISTI DIVISION

I. GENERAL INFORMATION

A. Name: _____

B. Name of Firm, Partnership, or Professional Corporation:

C. Office Street Address:

D. Mailing Address (*if different from above street address*):

E. Office Telephone Number (*include area code*): _____

F. Cellular Number (*include area code*): _____

G. E-Mail Address: _____

H. Date of Birth: _____

I. Professional Organizations, Awards, Honors, etc.:

- J. Fluency (office capacity) in the following languages (do you or any member of your office staff speak, read, and write any language other than English?):

II. BAR ADMISSION AND CERTIFICATIONS

- A. State Bar Membership Number: _____

- B. Date Admitted to State Bar of Texas: _____

- C. Date first Admitted to Practice in the United States District Court for the Southern District of Texas: _____

Membership Number, Southern District of Texas: _____

- D. Date first Admitted to Practice in the United States Court of Appeals for the Fifth Circuit: *(if not admitted, please so state)*: _____

Membership Number, Fifth Circuit: _____

- E. Please List All Other Courts In Which You Are Admitted to Practice and Give Dates of Admission and Membership Numbers:

- F. Field of Special Interest (appeals, habeas corpus, material witness, trial, felony and capital cases—you may also indicate whether you prefer to handle only one or two types of cases):

G. Date and Field of Certification by Texas Board of Legal Specialization:

III. TRIAL EXPERIENCE

A. Nature of Legal Experience:

B. Number of Criminal Jury Trials [estimate]:

State _____ Federal _____

C. Number of Criminal Trials to the Court [estimate]:

State _____ Federal _____

D. Number of Hearings or Other Contested Matters [estimate]:

IV. APPELLATE EXPERIENCE

Number of Criminal Appeals Handled:

	Briefs Submitted	Oral Arguments
State	_____	_____
Federal	_____	_____

V. TRAINING PANEL

If you have little or no experience handling federal criminal trials and Sentencing Guidelines issues, are you willing to accept a minimum of two second chair appointments, without compensation, alongside a more experienced Assistant Federal Public Defender or CJA attorney to gain experience prior to being appointed solo for compensation?

Yes No N/A

Note: Serving as a trainee does not necessarily guarantee acceptance as a CJA panel member.

VI. PEER AND COURT REVIEW

A. List the names of two lawyers, not your partners, associates, or relatives, with whom or against whom you have tried a case in the last three years who may be contacted and who can attest to your competence in criminal law:

Name

Firm or Employer

*Number & Street-Room No.
or Bldg. Name-Suite*

City Zip

Office Phone Number (include area code)

Name

Firm or Employer

*Number & Street-Room No.
or Bldg. Name-Suite*

City Zip

Office Phone Number (include area code)

B. List the names of two judges before whom you have appeared in a contested matter in the last three years:

Name of Judge

Name of Court

City County

Court Phone Number (include area code)

Name of Judge

Name of Court

City County

Court Phone Number (include area code)

grievance committee proceeding, or a suit for disciplinary action? If yes, give full details:

- Yes No

C. Have you ever had a judgment rendered against you for legal malpractice? If yes, give full details:

- Yes No

D. Have you ever pleaded guilty to, pleaded nolo contendere to, or been adjudicated guilty of a violation of any law, other than a violation for which the maximum punishment is a fine only? If yes give full details, including the nature of the offense, the name of the court, the disposition (including punishment, if any), the dates on which the charges were brought and adjudicated, and any subsequent history relating to the charges:

- Yes No

E. Have you ever been adjudicated guilty of a serious crime as defined below, whether the adjudication resulted from a plea of guilty or nolo contendere or from a verdict after trial. If yes give full details, including the nature of the offense, the name of the court, the disposition (including punishment, if any), the dates on which the charges were brought and adjudicated, and any subsequent history relating to the charges. You do not need to repeat information provided in Section D above.

For purposes of this application, the term “serious crime” shall include any felony. It shall also include any lesser crime, a necessary element of which, as determined by the statutory or common law definition of such crime, involved improper conduct of an attorney, interference with the administration of justice, false swearing, misrepresentation, fraud, willful failure to file income tax returns, deceit, bribery, extortion, misappropriation, theft, illegal drug possession or an attempt or a conspiracy or solicitation of another to commit a serious crime since being admitted to practice law:

Yes

No

IX. PETITION AND AUTHORIZATION

I hereby apply to the Panel Selection Committee for admission to the Criminal Justice Act Panel of the Corpus Christi Division of the United States District Court for the Southern District of Texas for a term of three years and if selected for the panel, agree to accept appointments under the Criminal Justice Act.

In making and filing this application, I authorize the Panel Selection Committee to make inquiry of lawyers and judges named herein as to my competence in criminal law. I acknowledge that information received by the Panel Selection Committee will be held in confidence and I waive any right to review statements made to that Committee.

I also acknowledge that I have a duty to update and supplement the answers to this application up to and including the time when my application is either accepted or rejected by the Committee. I further acknowledge by my electronic signature and

my formal electronic submission of this application to the Committee that I am certifying under penalty of perjury that my answers are true, correct, and complete.

/s/ name of applicant or electronic signature
Typed name of Applicant

Date

Submit Additional/Supplemental Information Here. Include additional pages if necessary.

Submit by Email
Print Form
Add Attachment