

APPLICATION FOR APPOINTMENT

Probate / Guardianship / Mental Health

County Court at Law No. 4

Attorney Information:

Full Name _____

Mailing Address: _____

Office Phone #: _____ Cell Phone #: _____

Email Address: _____ State Bar # _____

Answer "Yes" or "No" to the following questions:

1. Are you currently in good standing with the State Bar of Texas? _____
2. Are you currently a member of the Williamson County Bar Assoc.? _____
3. Do you have a current guardianship certificate from the State Bar of Texas? _____

Experience and CLE:

4. Briefly describe your legal experience in the following areas (years of practice, etc.):

Probate: _____

Guardianship: _____

Mental Health commitments: _____

5. Indicate for which list(s), below, you are requesting to be considered:

Probate

- ____ Attorney ad Litem for unknown and/or incapacitated heirs
____ Dependent Administrator/Receiver (third party)

Guardianship

- ____ Attorney ad Litem and/or Guardian ad Litem for wards and proposed wards
____ Guardian ad Litem/Court investigator for court initiated guardianship cases

Mental Health

- ____ Attorney ad Litem for proposed patient

6. Are you fluent in Spanish, or any other language (including ASL)? If so, which language?

7. If requesting consideration for guardianship appointments (AAL or GAL/investigator), attach your current State Bar of Texas guardianship certificate to this application. You MUST keep a current certificate on file with the Court and will need to provide an updated certificate each time you renew your certification.

8. By submitting this application for appointment, I certify that (initial each line):

_____ all the information on this form is true and correct;

_____ I have read and understand the requirements and duties of and AAL/GAL in the Texas Estates Code as it applies to my role as Attorney Ad Litem or Guardian Ad Litem (whether probate or guardianship);

_____ I have read and understand the Ward's Bill of Rights (guardianships);

_____ I am familiar with the billing practices Williamson County Court at Law #4;

_____ I am subject to removal from if the Court determines that I have failed to fulfill my responsibilities as AAL/GAL, failed to maintain the qualifications to serve in the capacity to which I was appointed, or for other good cause as may be determined by the Court; and

_____ I agree to notify the Court of any changes to the information contained in this application and of any information that would make me ineligible to receive appointments under the applicable qualifications.

Signed the _____ day of _____, 20____.

Applicant