## APPLICATION FOR APPOINTMENT WILLIAMSON COUNTY FAMILY AND CPS CASES

The following application shall be submitted for court-appointments in the 395th District Court, 425th District Court and County Court at Law No. 1 for: mediators; attorneys representing children or indigent parents in CPS cases; and attorneys representing indigent parties opposing contempt proceedings in family cases. Applicants must provide a copy of this form to District Court Administration via e-mail to Amber Norton at <a href="mailto:Amber.Norton@wilco.org">Amber.Norton@wilco.org</a>.

Applic	cant Information:							
Full N	ame:							
Physic	cal Address Office:							
Mailin	g Address:							
Email	Address:							
Work	Phone#:Cell Phone#:							
Texas	Bar#:License Date:							
Answ	er 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.	Are you currently or have you ever been charged with a criminal offense other than a Class C traffic offense? If yes, list the date, county, style and cause number, charge, and disposition:							
4.	Has an emergency, temporary or final protective order ever been issued against you?							
5.	Have you ever been sanctioned or reprimanded by the State Bar of Texas?							
6.	Have you ever been held in contempt of court?							
7.	Attach copies of any dispositive order relating to Questions 3, 4, 5, and 6.							
8.	Are you currently Board Certified in Family Law with the State Bar of Texas?							
9.	Do you have a Child Welfare Certification from the State Bar of Texas or National Association of Counsel for Children?							

10.	Have you ever been removed from an appointment list by any court or county? If yes, list date, county, andreason for removal:									
11.	Has a court ever found you provided ineffective assistance of counsel?									
Expe	rience and CLE:									
12.	Please indicate when and where you have been appointed by a court to serve in the following areas:									
	Attorney Ad Litem:									
	Guardian Ad Litem:									
	Amicus Attorney:									
	Mediator:									
13.	Describe your legal experience in the following areas (YOU CAN ATTACH YOUR RESUME):									
	Attorney Ad Litem:									
	Guardian Ad Litem:									
	Amicus Attorney:									
	Mediator:									
14.	Describe any special sk health cases, foreign or	sign language, TBI	RI, etc.):							
15.	Attach your most recent in CPS cases require 6 h			•						
	and 3 hours of child repr	esentation, and tra	ining on Trauma Inf	ormed Practices. <sup>1</sup>						
16.	Indicate the court(s), list	ed below, where yo	u are requesting to se	erve (check above t	he line) :					
	Attorney Ad Litem/ Guardian Ad Litem in CPS Cases	395 <sup>th</sup>	425 <sup>th</sup>	480 <sup>th</sup>	CCL1					
	Attorney Ad Litem/ Guardian Ad Litem in Family Cases	395 <sup>th</sup>	425 <sup>th</sup>	480 <sup>th</sup>	CCL1					
	Mediator in CPS Cases	395 <sup>th</sup>	425 <sup>th</sup>	480 <sup>th</sup>	CCL1					
	Mediator in Family Cases	395 <sup>th</sup>	425 <sup>th</sup>	480 <sup>th</sup>	CCL1					

17.	By submitting the application for appointment, I certify that {initial eachline):									
-	all the information on this form is true and correct;									
	I have read and understand the requirements and duties in the Texas Family Code and Texas Disciplinary Rules of Professional Conduct as they apply to my role as an attorney ad litem, guardian ad litem, or mediator;  I have read the Joint Order Adopting Fee Schedule for Attorneys Representing Children and Indigent Parents in CPS and Family Cases;  I am subject to removal from each court's list if the Court determines, in its sole discretion, that I have failed to fulfill my responsibilities per the Texas Family Code, maintain the qualifications to serve in the capacity to which I was appointed, or for other good cause determined by the Court where I received the appointment; and									
-										
-	I agree to contact each court with any changes to the information contained in this application and to provide information that would make me ineligible to receive appointments under the applicable qualifications.									
Oath and Declaration:										
Signed	the		day of	20						
				Applicant	for App	ointment	List			
	OF TEX	(AS								
Before	me,	а	Notary	Public,	on	this	day	personally	appeared	
						{applic	ant's nan	ne}, who after b	eingproperly	
identifie	ed and pl	laced und	der oath swo	ore before m	e that a	ll the info	rmation s	tated on this Ap	oplication for	
Appoin	tment in	Williams	on County is	s truthful and	d accura	ite.				
			Signature	<u>:</u>						
			Name <sup>.</sup>							
ISEVI 1			14dillo							
[SEAL]			Office of I	Person takin	n Oath:					