

**ANNUAL RENEWAL APPLICATION
COURT APPOINTED ATTORNEY – JUVENILE COURTS OF COLLIN COUNTY**

Name:					
Home Address (No P.O. Boxes):				County:	
Business Address (No P.O. Boxes):				County:	
Mailing Address (If Different):					
Office Phone:		Cell Phone:		Fax:	
Email:		State Bar No.:		Date Licensed:	
Foreign Languages (Must be fluent):	<input type="checkbox"/> Spanish		<input type="checkbox"/> Other:		
Sign Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<input type="checkbox"/> PLEASE CHECK HERE IF YOUR CONTACT INFORMATION HAS CHANGED					

Please select the level of appointments for which you are renewing. **(You can only renew for levels/lists in which you are currently approved. A new application is required for all others that you are requesting approval for.)** Level One Level Two Level Three GAL MHMC

To the Board of Juvenile Judges:

1. I am licensed and in good standing with the State Bar of Texas;
2. I agree to exhibit proficiency, professionalism and reliability;
3. I maintain an office in Collin County, a telephone number, fax number and email access, and agree to update the District Clerk promptly of any changes;
4. I have submitted a statement describing the percentage of my practice time in connection with Collin County appointments for adult criminal and juvenile delinquency cases for the prior twelve (12) months through the Texas Indigent Defense Commission (“TIDC”) website; and
5. Attached is the most recent State Bar CLE compliance form demonstrating that I have completed ten hours of CLE in criminal law, with six of those hours in juvenile law in the past twelve months and six hours in Mental Health if on the MHMC wheel.

I further certify that I am familiar with the requirements of Texas Senate Bill 7 (The Fair Defense Act) and that I will comply with all the duties and requirements of the Act in representing my clients in cases which I am appointed.

I affirm under oath that the representations in this application are true. I further agree to notify all judges, in writing, if any of the representations in this application change.

Signature: _____

Date: _____

Completed renewal application with attachments is due by December 31, 2019 to the Collin County Indigent Defense Coordinator, Tracye Sparks, via email to: ccindigentdefense@co.collin.tx.us