

STATE OF TEXAS                    §  
   §  
COUNTY OF LUBBOCK           §

**APPLICATION TO BE PLACED ON ATTORNEY AD LITEM  
APPOINTMENT LIST FOR LUBBOCK COUNTY**

I, \_\_\_\_\_, a licensed attorney in Texas, Texas State Bar Number \_\_\_\_\_, with my principal office or residence in \_\_\_\_\_ County, Texas, at \_\_\_\_\_, do hereby file this application in compliance with the **LUBBOCK COUNTY ATTORNEY AD LITEM APPOINTMENT PROCEDURES MANUAL**, and I do hereby swear or affirm that the below information is true and accurate. Should any change in this information occur, I will file an Amended Application with the Office of Court Administration within 30 days of the change.

**REQUEST**

I, \_\_\_\_\_, hereby request to be placed on the Attorney Ad Litem Appointment List for the following category(ies) (I have read the Lubbock County Attorney Ad Litem Appointment Procedures Manual and by checking the following categories I qualify for all each category):

- \_\_\_\_\_ Civil Cases (Non-CPS)
- \_\_\_\_\_ Family Cases
- \_\_\_\_\_ Judicial Bypass
- \_\_\_\_\_ Probate Cases (including guardianships)

**QUALIFICATION**

I, \_\_\_\_\_, swear or affirm that my qualifications are as follows:  
Exact Date Licensed to Practice Law in Texas: \_\_\_\_\_  
Bar Card Number: \_\_\_\_\_  
Number of Years of Practice of Civil/Family Law: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Exact Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ad Litem CLE (last 12 months):

<u>Course:</u>	<u>Exact Date:</u>	<u>Hours:</u>
_____	_____	_____
_____	_____	_____

Have you ever been found or held to be ineffective counsel in the representation of a client by a Court?  
\_\_\_\_\_ If Ayes, @ attach separate sheet with an explanation

Have you ever been sanctioned by the State Bar of Texas (or a similar authority of any other state)?  
\_\_\_\_\_. If Yes, @ attached a separate sheet with an explanation (if a private sanction, the attorney may request sealing of such sanction).

I have malpractice insurance? (yes/no) \_\_\_\_\_

List other qualifications you deem appropriate for consideration: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

Address of Attorney: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_