| STATE OF TEXAS | § |
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| | § |
| COUNTY OF LUBBOCK | § |

| APPLICATION TO BE PLACED ON ATTORNEY AD LITEM APPOINTMENT LIST FOR LUBBOCK COUNTY | | | | |
|--|---|--|--|--|
| LUBBOCK COUNTY ATTORNEY AD LITE or affirm that the below information is | a licensed attorney in Texas, Texas office or residence in, do hereby file this applicatio M APPOINTMENT PROCEDURES MANU strue and accurate. Should any change ith the Office of Court Administration | County, Texas, at in compliance with the IAL, and I do hereby swear in this information occur, I | | |
| | REQUEST | | | |
| Appointment List for the following car Appointment Procedures Manual an category): | _, hereby request to be placed on tegory(ies) (I have read the Lubbock Cd by checking the following category | County Attorney Ad Litem | | |
| Civil Cases (Non-CPS) | | | | |
| Family Cases | | | | |
| Probate Cases (including guardi | anships) | | | |
| | QUALIFICATION | | | |
| Exact Date Licensed to Practice Law in Bar Card Number: | , swear or affirm that my qualification | | | |
| Board Certification: | Exact Date | <u>::</u> | | |
| Ad Litem CLE (last 12 months): | | | | |
| <u>Course:</u> | <u>Exact Date:</u> | <u>Hours:</u> | | |
| • | e ineffective counsel in the representati | on of a client by a Court? | | |

| • | attached a separate sheet w | as (or a similar authority of any ith an explanation (if a private | • |
|------------------------------|--------------------------------|--|---|
| I have malpractice insurar | nce? (yes/no) | | |
| List other qualifications yo | ou deem appropriate for consid | leration: | |
| | | | |
| Signature of Attorney | | Date | |
| Address of Attorney: | | | |
| Phone #: | Cell Phone #: | Fax #: | |
| E-mail Address: | | | |