VERIFIED APPLICATION ATTORNEY AD LITEM APPOINTMENTS IN FAMILY CASES

Pursuant to Texas Government Code sec. 37.001, the courts of Montgomery County, maintain a list of attorneys qualified to receive appointments by all the courts, in all types of cases. If you want to be considered for these appointments, you must complete this form and deliver it to the Montgomery County Office of Court Administration which is in charge of managing the Ad Litem appointment lists.

This application is effective for the 2021 and 2022 calendar years until the new application is posted to the Montgomery County Office of Court Administration website. This application may be submitted at any time, with the understanding that applications will be continuously reviewed but will be effective no later than 12/31/22.

Name:		
Address:		
Phone #:	FAX #	CELL #
Email Address:		
Texas State Bar Nun	nber:	
Year Licensed by the	e State Bar of Texas:	
probation in the pas	been suspended or revoked in the st year? YES NO	
•		YES NO If so, who
•		you to be appointed counsel, attorned to be appointed counsel, attorned by CPS related experience if so apply

10. Describe by date, title and number of hours, any CLE programs regarding service as an attorney

1.	State what perce	entage of your	practice is de	voted to fam	ily law:%			
.	Attach a copy of your State Bar of Texas MCLE Compliance Information (this can be obtained www.texasbar.com).							
13.		ntested evide	ntiary hearing		y, in which you have appea ous 12 months, including th			
. 4.	hearing in a far court the most	mily case in th	e previous 12	months, des	d counsel in a contested ev cribe by cause number, dat ring in which you have par	te, and		
.4. .5.	hearing in a far court the most lead counsel.	mily case in the recent contest that the name of the n	e previous 12 sted evidentia following type	months, des ry family hea	cribe by cause number, dat	te, and ticipated as		
	hearing in a far court the most lead counsel. I request appoir	mily case in the recent contest ntment in the ne following ar	e previous 12 sted evidentia following type	months, des ry family hea	cribe by cause number, dat ring in which you have par	te, and ticipated as		
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Executed in	County, State of	, on the	day of		
				(Month)	(Year)
(Declarant)					