

STATE OF TEXAS \*  
\*  
COUNTY OF MONTGOMERY \*

ATTORNEY CERTIFICATION OF KNOWLEDGE OF  
LOCAL RULES FOR THE TIMELY AND FAIR  
APPOINTMENT OF COUNSEL FOR INDIGENT DEFENDANTS

I, \_\_\_\_\_, certify under oath that I have received, read, and understand the Local Rules of Montgomery County for the Timely and Fair Appointment of Counsel for Indigent Defendants dated \_\_\_\_\_, and effective January 1, 2002 and will comply with said Rules.

I certify under oath that I shall maintain an office with a phone which is answered during normal business hours by a receptionist, an answering service, a voice recording device or other messaging system that is able to promptly locate me and notify me of any appointment and hearing. I will maintain a FAX number and /or an e-mail address, to which FAXES and e-mails may be received 24 hours a day, seven days a week. My contact numbers are as follows (**and I have designated which is my primary method of contact if it is not my office number, fax number and e-mail address**):

Office Receptionist	_____
Office Answering Service	_____
FAX number	_____
Cell Number	_____
E-Mail Address	_____
Pager Number	_____
Home Number	_____

I will give written notice of any change in these notification numbers and e-mail address to the Appointment Designee as soon as practicable, but, in any event, no later than 10 days prior to the change.

I acknowledge that I shall contact any accused person I am appointed to represent by the end of the first working day after the date on which I am appointed.

I acknowledge that I shall interview said accused person as soon as practicable after I am appointed.

I certify under oath that I will zealously represent my client but always within the bounds of the law and legal ethics of Texas.

I understand that my bill must be submitted as follows:

1. On the date a case is disposed of by a plea or bench trial;  
or
2. Within 7 days of the date of judgment in a jury trial if no appeal is anticipated; or
3. Within 7 days of the date a mandate is returned on appeal.

On my oath I certify that the above information is true and correct.

Witness my signature on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
AFFIANT  
Print Name: \_\_\_\_\_

Subscribed and Sworn to before me this the \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

Seal

\_\_\_\_\_  
NOTARY PUBLIC/PERSON AUTHORIZED  
TO ADMINISTER OATHS  
Print Name: \_\_\_\_\_