

# DALLAS COUNTY DISTRICT COURTS

## Attorney Ad Litem Appointment Application (Non-Family Code Disputes)

Return this form: District Court Administration, George Allen Courthouse, 600 Commerce Street, Suite 680,  
Dallas, Texas 75202.

### Demographic Information

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Preferred Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

State Bar Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Firm Name (if not self employed): \_\_\_\_\_

I have been licensed to practice law in the State of Texas since \_\_\_\_\_

**Professional Experience and Certifications:** Please check the appropriate experience, certifications, and indicate the number of cases handled.

<u>Type of Experience</u>	<u>Experience</u>	<u>No. of Cases</u>	<u>Board Certifications</u>	<u>Date Certified</u>
___ Civil litigation	_____	_____	___ Family law	_____
___ Bench trial	_____	_____	___ Civil trials	_____
___ Family law	_____	_____	___ Criminal law	_____
___ CPS cases	_____	_____	_____	_____
___ Appellate	_____	_____	_____	_____
___ Juvenile	_____	_____	_____	_____

**Special Skills:** Please indicate any special skills or expertise.

### Language

\_\_\_ Spanish  
\_\_\_ Vietnamese  
\_\_\_ Sign Language  
\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Other Areas of Expertise

\_\_\_ Social Work  
\_\_\_ Education  
\_\_\_ Mediation  
\_\_\_ Mental Health  
\_\_\_ CASA training/# of hours \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_

***Agreements***

***All Types of cases***

By my signature below I agree to accept cases representing all parties in non-Family Code disputes in which the appointment of an attorney ad litem is requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Ability to communicate with clients and court personnel***

By my signature below I certify that I have the ability to receive faxes and phone messages, and that I monitor all faxes and phone messages I receive at least every 24 hours.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Acceptance of automatic appointments***

By my signature below I agree that upon receiving a case from the district court by fax, phone, or phone message, I am the attorney of record appointed in that case. If for some reason I will not undertake the representation to which I am appointed, it is my duty to notify the appointing court immediately via facsimile.

I also agree that I will notify the District Court Administration office, in writing as soon as practicable, when I am temporarily unavailable to take cases due to a vacation or other time away from work, such as an illness, or due to an overload of cases on my docket.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Lawyer Discipline***

Have you ever been disbarred, suspended, received probation, publicly reprimanded, as an attorney or as a member of any other profession whether in Texas or another State?

Yes  (If yes, please attach explanation.)

No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_