TRAVIS COUNTY – CIVIL DISTRICT COURTS

Attorney Ad Litem, Guardian Ad Litem, Mediator, and Competency Evaluator Appointment Application
(For appointments made pursuant to TX Govt. Code §§ 74.092, 74.098, 36.004; 36.005; 37.001, et.seq.)
Submit Application to: Appointments.Fees@traviscountytx.gov.

Demographic Information:

Last Name: _____ First Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Firm Name: _____

Email Address: _____

If Applicable:

State Bar Number: _____ I have been licensed to practice law in the State of Texas since _____

Please list all certifications or licenses with applicable dates relating to your qualifications:

_____

_____

_____

_____

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

Type of Experience	***Years' Experience***	***No. of Cases***	***Board Certification***	***Date Certified***
_____ Civil Litigation	_____	_____	_____ Family Law	_____
_____ Bench Trials	_____	_____	_____ Civil Trials	_____
_____ Family Law	_____	_____	_____ Criminal Law	_____
_____ CPS Cases	_____	_____	_____Personal Injury Trial Law	_____
_____Appellate	_____	_____	_____	_____
_____ Juvenile	_____	_____	_____	_____
_____ Edu/School	_____	_____	_____	_____

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 & Representations:

All Kinds of Cases

By my signature below, I request appointment as (please check all that apply):
(Please refer to requirements of each on page 3 and 4 of the application.)

_____ Attorney Ad Litem (General)
_____ Attorney Ad Litem (Structured Settlements)
_____ Attorney Ad Litem/Amicus Attorney (Family)
_____ Attorney for IV-D/DRO/Contempt Cases (does not include CPS appointments)
_____ Attorney Ad Litem (Tax)

_____ Guardian Ad Litem (Family)
_____ Guardian Ad Litem (Friendly Suits)
_____ Mediator (Civil)
_____ Mediator (Family)
_____ Competency Evaluator

If this appointment request is for one case only, please enter the cause number: _____

Notice of Order of Appointment

I have the ability to receive email, and I monitor all emails I receive at least every 24 hours. I agree to accept notice by email from the District Judge's Office of my appointment to a case. If for some reason I do not wish to undertake the representation to which I have been appointed, I will promptly respond by email requesting that another individual be appointed in my place. The District Judge's Office will provide me with the name of a substituting person, however, I must draft the order of substitution and assure that it is signed and filed. I understand that frequent requests to appoint another individual or frequent declinations of appointment requests may justify my removal from the list.

When, due to vacation, illness, or workload, I do not wish to be appointed for some period of time, I may request, in writing to the District Judges' Office, not to be appointed temporarily. I understand that excessively frequent and/or lengthy requests not to be appointed temporarily and my justify my removal from the list.

By my signature below, I understand the District Judge's Office will post my name as an eligible appointment for any of the requested appointments that I have selected pursuant to Texas Gov't Code Sec. 37.005. Additionally, such appointment will be pursuant to Texas Gov't Code Sec. 37.004.

I understand that I have a duty to report back to the District Judges' Office within 1 month of the completion of my appointment the following:

1. The number of hours I bill and my hourly rate or my flat fee arrangement in each case in which I am appointed;
2. The total amount of compensation paid to me in each case in which I am appointed; and
3. The source of my compensation.

I understand that failure to report the information as required above may justify my removal from the list.

Notwithstanding the foregoing, I understand that upon receiving notice of an order appointing me, I am the attorney, guardian ad litem, mediator or competency evaluator of record unless and until an order permitting my withdrawal is signed and filed.

Good Standing

By my signature below I certify that one or more of the following applies to me (check all that apply):

Attorney Ad Litem – General:

_____ I am an attorney in good standing with the State Bar of Texas, and I practice in Travis County. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Attorney Ad Litem – Structured Settlements:

_____ I am an attorney in good standing with the State Bar of Texas and I practice in Travis County. I acknowledge that I will need to take a training class provided by the District Judges' Office before taking any appointments from the courts. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Attorney Ad Litem/Amicus Attorney – Family:

_____ I am an attorney in good standing with the State Bar of Texas, and I practice in Travis County. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE. 10 hours of my certified CLE credits annually are in the Family Law/Ad Litem Attorney appointment area.

Attorney for IV-D/DRO or Contempt cases – DOES NOT include CPS which is handled by Austin Lawyer Referral Service

_____ I am an attorney in good standing with the State Bar of Texas, and I practice in Travis County. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Attorney Ad Litem – Tax

_____ I am an attorney in good standing with the State Bar of Texas, and I practice in Travis County. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Guardian Ad Litem-Family:

_____ I am licensed as a Professional Counselor, Social Worker, or Marriage and Family Therapist and I practice in Travis County. I have a Master's degree in one of the following areas: Social or Behavioral Science, Social Work, Sociology, Psychology, Counseling, or Education. I have at least one (1) letter of recommendation from a Travis County practicing attorney specifically detailing my experience and education relating to family law or CPS cases in Travis County. I have at least 3 years of experience in casework with children, family counseling or mediation.

Guardian Ad Litem – Friendly Suits:

_____ I am an attorney in good standing with the State Bar of Texas, and I practice in Travis County. I will notify the District Judges' Office, in writing as soon as practicable, if I am no longer an attorney in good standing with the State Bar, including as a result of disbarment, disciplinary action, or failure to complete required MCLE.

Mediator:

_____ I am a mediator and all of my professional mediator certifications and/or licenses are current. I have completed the 40-hour basic training course provided through the Dispute Resolution Center or another program or experience providing similar training and have attached my certificate. I have completed a minimum of five (5) mediations involving cases filed in Travis County.

Competency Evaluator:

_____ I am a physician or psychologist who is licensed and certified in this state and who performs examinations to determine whether an individual is incapacitated or has an intellectual disability for purposes of appointing a guardian for the individual. All of my professional competency evaluator certifications and/or licenses are current.

Signature: _____ Date: _____

*Fees for Appointments.

a. In cases where the appointees are paid by the County, the rate is $155/hour (Tier I) or $125/hour (Standard) unless the Court makes a finding that a higher fee is justified under the circumstances. The Order on payment tiers, filed on April 1, 2024, can be found in D-1-GN-61-121012.
b. In cases where the appointees are to be paid by the Parties, the rate is $155/hour (Tier I) or $125/hour (Standard), unless otherwise agreed by the Parties or the Court makes a finding that a higher fee is justified under the circumstances.