

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.)

* Return this form to: District Judges' Office, 1000 Guadalupe Street, Room 327, Heman Marion Sweatt Courthouse
or email to: Appointments.Fees@traviscountytexas.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 _____

I have been a certified mediator in Texas by completing the 40 hour basic course through the Dispute Resolution Center or at another program providing similar training (list training if applicable) _____ since _____

I have been certified/trained as a mediator in these specific areas (list all that apply) _____ since _____

I have been certified/trained in family law or CPS as a mediator by _____ since _____

I have been a licensed and/or certified physician or psychologist in Texas since _____

I have been a practicing guardian ad litem since _____ and I have the following certifications/training _____

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

<u>Type of Experience</u>	<u>Years' Experience</u>	<u>No. of Cases</u>	<u>Board Certification</u>	<u>Date Certified</u>
<input type="checkbox"/> Civil litigation	_____	_____	<input type="checkbox"/> Family law	_____
<input type="checkbox"/> Bench trials	_____	_____	<input type="checkbox"/> Civil Trials	_____
<input type="checkbox"/> Family law	_____	_____	<input type="checkbox"/> Criminal law	_____
<input type="checkbox"/> CPS cases	_____	_____	<input type="checkbox"/> Personal Injury Trial law	_____
<input type="checkbox"/> Appellate	_____	_____	_____	_____
<input type="checkbox"/> Juvenile	_____	_____	_____	_____
<input type="checkbox"/> 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 & Representation:

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.)

- | | |
|---|---|
| <input type="checkbox"/> Attorney Ad Litem (General) | <input type="checkbox"/> Guardian Ad Litem (Friendly Suits) |
| <input type="checkbox"/> Attorney Ad Litem/Amicus Attorney (Family)
*includes AG/DRO appointments/does not include
CPS appointments | <input type="checkbox"/> Mediator |
| <input type="checkbox"/> Attorney Ad Litem (Tax) | <input type="checkbox"/> CPS Mediator |
| <input type="checkbox"/> Guardian Ad Litem (Family) | <input type="checkbox"/> Competency Evaluator |

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 Judges' 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 Judges' 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 excessively frequent requests to appoint another individual 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 may 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 a 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 Judge's 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 (including AG/DRO appointments/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 Judge's 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 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 Judge's 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 have a Master’s degree in one of the following areas: Social or Behavioral Science, Social Work, Sociology, Psychology, Counseling or Education. I am licensed as a Professional Counselor, Social Worker, or Marriage and Family Therapist. 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 three (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 Judge’s 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 providing similar training. I have completed a minimum of five (5) mediations involving Travis County cases.

CPS 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 providing similar training. I have at least one (1) of the following:

- board certified in family law or certified in child welfare law; OR
- at least three (3) years’ experience as an attorney representing children and/or parents in CPS cases; OR
- have successfully completed a minimum of five (5) family law or CPS mediations.

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: _____

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