UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TEXAS EL PASO DIVISION

CJA PANEL QUESTIONNAIRE AND APPLICATION

Please return completed application to: Attn: CJA PANEL COMMITTEE Clerk, United States District Court 525 Magoffin Ave., Suite 105 El Paso, Texas 79901

You must be a licensed attorney, admitted to the Western District of Texas, and be registered in CM/ECF.

The CM/ECF system which produces notices of hearings, filing, etc., has an address/email database which can only be changed by written notice to the U. S. District Clerk's Office. This is important for you to receive timely filings and notices. Any change you indicate below will only be noted locally on the CJA List and not on the Western District of Texas database. Please access the necessary forms at https://www.txwd.uscourts.gov

Name:				
	(LAST)	(FIRST)	(MIDDLE)	
Office Address:		Telephone Numbers:		
(FIRM NAME)		Office:		
(FIRM NAME)		Cell:		
		Fax:		
SS Number:		Email Addre	PSS:	
Bar No.:	Date Admitted to Texas Bar:		Date Admitted to W.D. of Texas:	
Other Jurisdiction(s) Adr	nitted to Practice Law: _			
Law School and date of d	egree:			
Professional Affiliations/	Board Certification(s): _			
Indicate your CRIMINAL	TRIAL experience by pr	oviding appro	oximate totals in the following categories: Jury	
Trials	Federal Court:		State Court:	
Bench Trials	Federal Court:		State Court:	
Plea & Sentences	Federal Court:		State Court:	
Appeals	Federal Court:		State Court:	

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Federal Court:	State Court:
Federal Court:	State Court:
Federal Court:	State Court:
nce which qualifies you for mem public defender's office or as a ju	bership on the panel (including adicial law clerk):
bers of three lawyers who know	your ability as a trial attorney: Phone Number:
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other than English to the extent nout an interpreter? N	that you can communicate with a client who o Yes
ıg non-English speakers by maki	ng your own arrangements?
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Please provide any additional information you believe the Committee should	d consider. (You may use
this space to provide additional information concerning any of your answers	s above.)
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORF	RECT.
/s/	
/s/	DATE