

STATEMENT BY ATTORNEY
CLAIMING EXEMPTION OR DISQUALIFICATION
CRIMINAL FELONY, MISDEMEANOR OR JUVENILE
(File annually by October 1st)

NAME: _____ BIRTH DATE: _____

BUSINESS ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

FAX NO.: _____ E-MAIL ADDRESS: _____

BAR CARD NO.: _____

_____ I am exempt from accepting any criminal felony, misdemeanor or juvenile appointments because I am employed by a governmental agency, which is: _____.

_____ I am not qualified to accept criminal appointments and have not received any federal appointments in the last 2 years.

_____ I am not engaged in the active practice of law.

_____ I am over 70 years of age.

_____ OTHER: _____

_____ I am qualified to take misdemeanor and juvenile cases but have paid into the "Laredo Plan".

By my signature, I attest that the information I have provided in this application is true and accurate.

(Signature) (Date)

SUBSCRIBED AND SWORN TO before me the _____ day of _____, 200 ____.

Notary Public

Type or Print Name