



GUADALUPE COUNTY
PROBATE AND FAMILY APPOINTMENT REGISTRATION FORM

Last Name: _____ First Name: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

State Bar Number: _____ Email Address: _____

Firm Name (if not self-employed): _____

Date of licensure to practice law in State of Texas: _____

I am functionally fluent and able to assist clients in: Spanish
 Other: _____

I have the following specialized knowledge, earned degrees (other than a J.D. or L.L.B.), or board certifications: _____

Lawyer Discipline

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

No Yes (If "Yes," please attach explanation.)

1. Probate & Guardianship Cases

Indicate all lists for which you qualify and wish to register. Attach copies of any applicable certificates.

- Attorney Ad Litem – Probate & Guardianship Cases
- Guardian Ad Litem
- Attorney-Guardian
- Paid Professional Guardian
- DO NOT include me on any appointment lists, but I am attaching proof of CLE training as required in Tex. Estates Code Sec. 1054.201 to qualify to represent guardians.

Acknowledgment by Appointee

By my signature below I agree to accept appointments in cases representing any party in guardianship matters in which the appointment of an attorney ad litem and/or a guardian ad litem is necessary pursuant to the Texas Estates Code or have otherwise been requested and to having my name annually published as qualified to serve as attorney ad litem, guardian ad litem, attorney serving as guardian, or paid professional guardian on the Courts' website pursuant to

Tex. Gov't Code, Chap. 37.

I understand I must provide proof of training as required by Texas Estates Code Sec. 1054.201 and renew in a timely manner to remain on the list.

I further agree and acknowledge that, upon receiving a case from the County Court at Law, Guadalupe County, I am the attorney of record appointed in that case. If for some reason I cannot undertake the representation to which I am appointed, I understand it is my duty to notify the Court in writing of the declination of the appointment within no more than three (3) business days from the date of appointment and secure an order discharging the Appointee and appointing a successor Appointee ("Order of Discharge and Appointment") from the Court, and notify all parties in the case of same.

Signature: _____ Date: _____

2. Other Provider Lists

Indicate all lists for which you qualify and wish to register. Attach copies of any applicable certificates.

Attorney Ad Litem – Family Law Cases

Mediator

Fees \$ _____ Per side for half day

\$ _____ Per side for full day

\$ _____ Other: _____

Home/Social Study Provider

Fees \$ _____ Per side

\$ _____ Other: _____

Adoption Home Study Provider

Fees \$ _____ Per side

\$ _____ Other: _____

By my signature below, I consent to having my name published on the Courts' website.

Signature: _____ Date: _____

Attachments:

CLE Transcript – State Bar of Texas (dated: _____)

Attorney Ad Litem Certification – State Bar of Texas (dated: _____)

Mediator Credentials (dated: _____)

Other: _____