

COUNTY OF GALVESTON
COORDINATOR OF ATTORNEY APPOINTMENTS
OFFICE OF JUSTICE ADMINISTRATION

**ANNUAL CERTIFICATION OF ATTORNEY
CURRENTLY ON MASTER LIST**

ATTORNEY LAST NAME: _____

ATTORNEY FIRST NAME: _____

Note any changes in your contact information: _____

I, _____, the undersigned attorney, hereby state under oath that I am in compliance with the general and specific qualifications for inclusion on the Master List and at the level on the graduated list where my name currently appears. I further state under oath that I have by actual attendance accrued a minimum of ten (10) hours of C.L.E. credits in criminal law including, if applicable, three (3) hours in juvenile law during this calendar year.

Attorney Signature

On this date, personally appeared before me, _____, who after being properly identified and placed under oath swore before me that all of the information stated on the foregoing Annual Certification of Attorney is the truth.

Signature of Person Taking Oath

Office of Person Taking Oath: _____
Galveston County, Texas

NOTE: Annual certification to be filed by December 1st.