



**COUNTY COURT AT LAW NUMBER THREE
EL PASO COUNTY, TEXAS**

Guardian Ad Litem/Attorney Ad Litem Application and Registration Form

1. Full Name: _____
2. Law Firm/Employer: _____
3. Address: _____

4. Phone number: _____
5. Email address: _____
6. Texas State Bar Number: _____; Year Licensed: _____
7. Preferred practice areas: _____
8. Has your license been suspended/revoked/probated in the past year? _____
If so, please explain: _____

I certify that all facts in this application are true and correct. I understand that if my application is approved, I become eligible for appointment in all cases to which the statute applies.

I certify that I am in good standing with the State Bar of Texas. I certify that if my application is approved, I will notify the Court in writing within 5 business days if I am subsequently sanctioned by any State Bar for misconduct, convicted of a Class A misdemeanor or Felony, or the status of my law license changes with the State Bar of Texas.

I understand that if my application is approved, I will receive official notices concerning my appointment to the foregoing email address and will not receive such notices by regular or certified mail. I further understand that it is my duty to notify the Court if my email address or other contact information changes.

My name is _____. My date of birth is _____,
and my address is _____.
I declare under penalty of perjury that the foregoing is true and correct. Executed in _____
County, State of Texas on the ____ day of _____, 202__.

Signature of Attorney

Date Received by Court Coordinator _____

Approved _____