





**GOVERNMENT
& AGENCY
FORMS**

GOVERNMENT & AGENCY FORMS

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OFFICE OF COURT ADMINISTRATION
TEXAS JUDICIAL COUNCIL



OFFICIAL MUNICIPAL COURT MONTHLY REPORT

Month _____ Year _____

Municipal Court for the City of _____

Presiding Judge _____

If new, date assumed office _____

Court Mailing Address _____

City _____, TX Zip _____

Phone Number _____

Fax Number _____

Court's Public Email _____

Court's Website _____

THE ATTACHED IS A TRUE AND ACCURATE REFLECTION OF THE RECORDS OF THIS COURT.

Prepared by _____

Date _____ Phone Number _____

PLEASE RETURN THIS FORM NO LATER THAN 20 DAYS FOLLOWING THE END OF THE MONTH REPORTED TO:

OFFICE OF COURT ADMINISTRATION
P O BOX 12066
AUSTIN, TX
78711-2066

PHONE: (512) 463-1625
FAX: (512) 936-2423

Editor's Note: For the form, instructions on completing the form, to submit electronically, and read FAQs on the new monthly report, visit www.courts.state.tx.us/oca/required.asp.

CRIMINAL SECTION

Court		Traffic Misdemeanors			Non-Traffic Misdemeanors		
Month	Year	Non-Parking	Parking	City Ordinance	Penal Code	Other State Law	City Ordinance
1. Total Cases Pending First of Month:							
a. Active Cases							
b. Inactive Cases							
2. New Cases Filed							
3. Cases Reactivated							
4. All Other Cases Added							
5. Total Cases on Docket <i>(Sum of Lines 1a, 2, 3 & 4)</i>		0	0	0	0	0	0
6. Dispositions Prior to Court Appearance or Trial:							
a. Uncontested Dispositions <i>(Disposed without appearance before a judge (CCP Art. 27.14))</i>							
b. Dismissed by Prosecution							
7. Dispositions at Trial:							
a. Convictions:							
1) Guilty Plea or Nolo Contendere							
2) By the Court							
3) By the Jury							
b. Acquittals:							
1) By the Court							
2) By the Jury							
c. Dismissed by Prosecution							
8. Compliance Dismissals:							
a. After Driver Safety Course <i>(CCP, Art. 45.0511)</i>							
b. After Deferred Disposition <i>(CCP, Art. 45.051)</i>							
c. After Teen Court <i>(CCP, Art. 45.052)</i>							
d. After Tobacco Awareness Course <i>(HSC, Sec. 161.253)</i>							
e. After Treatment for Chemical Dependency <i>(CCP, Art. 45.053)</i>							
f. After Proof of Financial Responsibility <i>(TC, Sec. 601.193)</i>							
g. All Other Transportation Code Dismissals							
9. All Other Dispositions							
10. Total Cases Disposed <i>(Sum of Lines 6, 7, 8 & 9)</i>		0	0	0	0	0	0
11. Cases Placed on Inactive Status							
12. Total Cases Pending End of Month:							
a. Active Cases <i>(Equals Line 5 minus the sum of Lines 10 & 11)</i>		0	0	0	0	0	0
b. Inactive Cases <i>(Equals Line 1b minus Line 3 plus Line 11)</i>		0	0	0	0	0	0
13. Show Cause Hearings Held							
14. Cases Appealed:							
a. After Trial							
b. Without Trial							

CIVIL/ADMINISTRATIVE SECTION

Court		TOTAL CASES
Month	Year	
1. Total Cases Pending First of Month:		
a. Active Cases		
b. Inactive Cases		
2. New Cases Filed		
3. Cases Reactivated		
4. All Other Cases Added		
5. Total Cases on Docket <i>(Sum of Lines 1a, 2, 3 & 4)</i>		0
DISPOSITIONS		
6. Uncontested Civil Fines or Penalties		
7. Default Judgments		
8. Agreed Judgments		
9. Trial/Hearing by Judge/Hearing Officer		
10. Trial by Jury		
11. Dismissed for Want of Prosecution		
12. All Other Dispositions		
13. Total Cases Disposed <i>(Sum of Lines 6 through 12)</i>		0
14. Cases Placed on Inactive Status		
15. Total Cases Pending End of Month:		
a. Active Cases <i>(Equals Line 5 minus the sum of Lines 13 & 14)</i>		0
b. Inactive Cases <i>(Equals Line 1b minus Line 3 plus Line 14)</i>		0
16. Cases Appealed:		
a. After Trial		
b. Without Trial		

JUVENILE/MINOR ACTIVITY

Court		TOTAL
Month	Year	
1. Transportation Code Cases Filed		
2. Non-Driving Alcoholic Beverage Code Cases Filed		
3. Driving Under the Influence of Alcohol Cases Filed		
4. Drug Paraphernalia Cases Filed <i>(HSC, Ch. 481)</i>		
5. Tobacco Cases Filed <i>(HSC, Sec. 161.252)</i>		
6. Failure to Attend School Cases Filed <i>(Ed.Code, Sec. 25.094)</i>		
7. Education Code (Except Failure to Attend) Cases Filed		
8. Violation of Local Daytime Curfew Ordinance Cases Filed <i>(Local Govt. Code, Sec. 341.905)</i>		
9. All Other Non-Traffic Fine-Only Cases Filed		
10. Transfer to Juvenile Court:		
a. Mandatory Transfer <i>(Fam.Code, Sec. 51.08(b)(1))</i>		
b. Discretionary Transfer <i>(Fam.Code, Sec. 51.08(b)(2))</i>		
11. Accused of Contempt and Referred to Juvenile Court (Delinquent Conduct) <i>(CCP, Art. 45.050(c)(1))</i>		
12. Held in Contempt by Criminal Court (Fined and/or Denied Driving Privileges) <i>(CCP, Art. 45.050(c)(2))</i>		
13. Juvenile Statement Magistrate Warning:		
a. Warnings Administered		
b. Statements Certified <i>(Fam.Code, Sec. 51.095)</i>		
14. Detention Hearings Held <i>(Fam. Code, Sec. 54.01)</i>		
15. Orders for Non-Secure Custody Issued		
16. Parent Contributing to Nonattendance Cases Filed <i>(Ed. Code, Sec. 25.093)</i>		

ADDITIONAL ACTIVITY

Court		NUMBER GIVEN	NUMBER REQUESTS FOR COUNSEL
Month	Year		
1. Magistrate Warnings:			
a. Class C Misdemeanors			
b. Class A and B Misdemeanors			
c. Felonies			
			TOTAL
2. Arrest Warrants Issued:			
a. Class C Misdemeanors			
b. Class A and B Misdemeanors			
c. Felonies			
3. Capiases Pro Fine Issued			
4. Search Warrants Issued			
5. Warrants for Fire, Health and Code Inspections Filed <i>(CCP, Art. 18.05)</i>			
6. Examining Trials Conducted			
7. Emergency Mental Health Hearings Held			
8. Magistrate's Orders for Emergency Protection Issued			
9. Magistrate's Orders for Ignition Interlock Device Issued <i>(CCP, Art. 17.441)</i>			
10. All Other Magistrate's Orders Issued Requiring Conditions for Release on Bond			
11. Driver's License Denial, Revocation or Suspension Hearings Held <i>(TC, Sec. 521.300)</i>			
12. Disposition of Stolen Property Hearings Held <i>(CCP, Ch. 47)</i>			
13. Peace Bond Hearings Held			
14. Cases in Which Fine and Court Costs Satisfied by Community Service:			
a. Partial Satisfaction			
b. Full Satisfaction			
15. Cases in Which Fine and Court Costs Satisfied by Jail Credit			
16. Cases in Which Fine and Court Costs Waived for Indigency			
17. Amount of Fines and Court Costs Waived for Indigency			\$0
18. Fines, Court Costs and Other Amounts Collected:			
a. Kept by City			\$0
b. Remitted to State			\$0
c. Total			\$0



OFFICE OF COURT ADMINISTRATION

205 WEST 14TH STREET, SUITE 600 • (512) 463-1625 • FAX (512) 936-2423

P.O. BOX 12066 • AUSTIN, TEXAS 78711-2066

<http://www.txcourts.gov>

CARL REYNOLDS
Administrative Director

REPORT OF CHANGE/VACANCY IN MAYOR OR MUNICIPAL COURT JUDGE OR CLERK

Section 29.013(a) of the Government Code requires the secretary of a municipality to notify the Texas Judicial Council of the name of each person who is elected or appointed as mayor, municipal court judge, or clerk of a municipal court within 30 days after the date of the person's election or appointment. The secretary is also required to notify the Texas Judicial Council of the name the mayor, municipal court judge or clerk that vacates such an office.

NOTE: Judges include the presiding judge, associate judges, alternate judges, contracted judges or another other person who serves in a judicial capacity for the city.

Appointment or Election

Name:

Position:

City/Court:

Appointed or Elected? Appointed Elected **Date Appointed or Elected:**

Email:

Phone:

Vacated position

Name:

Position:

City/Court:

Date vacated:

Return by mail to the attention of Judicial Information at the address listed above, fax to the number listed above, OR email to reportingsection@courts.state.tx.us.



Office of Court Administration
Texas Court Security Incident Report
 - Municipal Courts -
 Texas Code of Criminal Procedure, Art. 102.017(f)

Form must be submitted not later than the 3rd business day after the date the incident occurred.

This form is for administrative purposes only. If law enforcement attention is needed, contact the local police or sheriff's department.

1. Information of Person Completing Form:	
Last	First
Area Code and Phone	
Title	Email
2. Court Name: _____	3. Incident Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<p>4. Type of Incident:</p> <p><input type="checkbox"/> Physical assault <input type="checkbox"/> Disorderly behavior</p> <p><input type="checkbox"/> Bomb threat <input type="checkbox"/> Hostage situation</p> <p><input type="checkbox"/> Threat</p> <p style="padding-left: 20px;">Type of threat: <input type="checkbox"/> Verbal <input type="checkbox"/> Written</p> <p style="padding-left: 20px;">Threat against: <input type="checkbox"/> Judge or court staff</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Attorneys, witnesses, or jurors</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Prisoner escape attempt</p> <p><input type="checkbox"/> Attempt to bring a weapon into the courtroom or court building</p> <p><input type="checkbox"/> Other: _____</p>	<p>8. Who was the perpetrator in the incident?</p> <p>Name: _____</p> <p><input type="checkbox"/> Defendant / respondent</p> <p><input type="checkbox"/> Complainant</p> <p><input type="checkbox"/> Family member/friend of party in the case</p> <p><input type="checkbox"/> Member of public (unknown relation to any case)</p> <p><input type="checkbox"/> Other: _____</p> <p>Was this individual charged as result of the incident?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending</p>
<p>5. Location of Incident:</p> <p><input type="checkbox"/> Courtroom</p> <p><input type="checkbox"/> Judge's chambers</p> <p><input type="checkbox"/> Judge's staff offices</p> <p><input type="checkbox"/> Clerk's office</p> <p><input type="checkbox"/> Holding area</p> <p><input type="checkbox"/> Parking lot</p> <p><input type="checkbox"/> Public area of courthouse/court building (lobby, hallway, etc.)</p> <p><input type="checkbox"/> Other: _____</p>	<p>9. Was the incident reported to law enforcement?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, name the agency: _____</p>
<p>6. Was a weapon involved?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, identify all weapons involved:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Gun <input type="checkbox"/> Knife <input type="checkbox"/> Blunt object</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p>	<p>10. Was this incident related to a particular case within the court?</p> <p><input type="checkbox"/> Criminal <input type="checkbox"/> Juvenile magistration</p> <p><input type="checkbox"/> Civil <input type="checkbox"/> Not related to a particular case</p> <p>Case Number: _____</p> <p>Style: _____</p>
<p>7. Was anyone injured?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, type of injury: _____</p> <p style="padding-left: 20px;">If yes, was medical attention rendered? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>11. Description of Incident:</p> <p>_____</p>

Version 3: 3-2008

Editor's Note: To download this form, view instructions on completing this form, to submit the report online, or to view summaries of submitted reports, visit www.courts.state.tx.us/oca/required.asp#security.

DR-1 (Rev. 9/09)	<h2 style="margin:0;">TEXAS DPS</h2> <h3 style="margin:0;">APPLICATION FOR COPY OF DRIVER RECORD</h3>	
MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246		
Make CASHIER'S CHECK or MONEY ORDER Payable To: TEXAS DEPARTMENT OF PUBLIC SAFETY	Any questions regarding the information on this form should be directed to Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.	
Check Type of Record Desired		FEE
<input type="checkbox"/> 1. Name - DOB - License Status - Latest Address.		\$ 4.00
<input type="checkbox"/> 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.		\$ 6.00
<input type="checkbox"/> 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.		\$ 10.00
<input type="checkbox"/> 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.		\$ 7.00
<input type="checkbox"/> 3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course.		\$ 10.00
<input type="checkbox"/> Other: (Original Application, DWLS, etc.) _____		\$ _____ (If Required)
Mail Driver Record To: (Please Print or Type)		
Requestor's Last Name _____	Requestor's First Name _____	
Street Address _____	Texas Driver License Number _____	
City _____	State _____	Zip Code _____ Daytime Telephone Number (include area code) _____
If requesting on behalf of a business, organization, or other entity, please include the following:		
Name of business, organization, entity, etc. _____		
Your Title or Affiliation with above _____		
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.) _____		
Information Requested On:		
Texas Driver License Number _____	Date of Birth <u>MM</u> / <u>DD</u> / <u>YYYY</u> _____	Suffix (SR., JR., etc.) _____
Last Name _____		
First Name _____		
Middle Name/Maiden Name _____		
Individual's Written Consent For ONE TIME Release to Above Requestor		
(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)		
I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____. Signature of Licensee/ID Card Holder or Parent/Legal Guardian _____ Date _____		
State and Federal Law Requires Requestors to Agree to the Following:		
In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.		
I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.		
Signature of Requestor _____ Date _____		

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

**Texas Department
of Public Safety**

**Save Time - Request Your Driver Record Online
www.texas.gov**

Important Instructions - Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.
Please state specific statutory authority _____
- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

This form is read by machine. Please print the numbers and letters as shown below:



| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 |

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z |

Editor's Note: To request a record online, go to www.txdps.state.tx.us/DriverLicense/dlfork.aspx?action=record. To download this form, go to www.txdps.state.tx.us/internetforms/FormDetail.aspx?Id=630&FormNumber=DR-1.pdf.

NOTICE OF FINAL CONVICTION FOR TRAFFIC LAW VIOLATION (MISDEMEANOR)

Cause Number: _____

Ticket Number: _____

STATE OF TEXAS

_____, Texas
First Middle Last Address City

LICENSE STATE & NO: _____ CDL SSN: _____

Date of Birth	Sex	Race	<input type="checkbox"/> CMV – CDL <input type="checkbox"/> Placarded Vehicle	Vehicle Registration Number	State	Year
---------------	-----	------	--	-----------------------------	-------	------

OFFENSE COMMITTED (check one):

- Speeding _____ Posted _____ Alleged
- Ran Red Light
- Ran Stop Sign
- Fail Yield Right of Way
- Illegal Turn
- Wrong Way on One-Way Street
- Driving on Wrong Side of Road
- No Class C License
- No Class B License
- No Class A License
- No Class M License
- Violated License Restriction Code _____
- Violated License Endorsement Code _____
- No Liability Insurance
- Serious Traffic Violations (in Commercial Vehicle Only)**
- Speeding 15 or Over _____ Posted _____ Alleged
- Reckless Driving
- Improper Lane Change
- Following Too Closely

Other Violation _____

DATE COMPLETED DRIVING SAFETY COURSE _____ (Code: 3400)

Date violation committed _____ Date Convicted _____

Arrested by Officer: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State
--

Plea: Guilty Not Guilty *Nolo Contendere* Judgment: Guilty Forfeited Bond Amount \$ _____

Court: Municipal Justice of the Peace, Precinct _____ Place _____ City _____, Texas
 Other Court _____

Search of Vehicle: Yes No Consent for Search: Yes No

DR-18 (Rev. 1/02)

CERTIFIED AS TRUE AND CORRECT:

_____ MAGISTRATE CLERK

**NOTICE OF VIOLATION NOTICE OF RESTORATION MINOR'S LICENSE ONLY
FAILURE TO APPEAR FAILURE TO PAY FINE**

(PRINT
OR TYPE)

NAME _____
(FIRST) (MIDDLE) (LAST) SOCIAL SECURITY NUMBER

ADDRESS _____ CITY _____, TEXAS _____
(Zip Code)

DRIVER LICENSE # _____ DATE OF BIRTH _____ RACE _____ SEX _____
ID # OR NONE

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____

VIOLATION COMMITTED	
Check One _____	FAIL TO APPEAR
_____	FAIL TO PAY FINE

COURT _____ PRECINCT _____ PLACE _____

CAUSE # _____ CITY _____ COUNTY _____

TELEPHONE NO. (_____) _____

<p>THIS IS TO CERTIFY THAT THE ABOVE NAMED INDIVIDUAL HAD MADE FINAL DISPOSITION OF THE CASE ON _____. THIS SECTION TO BE COMPLETED UPON FINAL DISPOSITION ONLY. (DATE)</p>

CERTIFIED BY _____ TITLE _____
SIGNATURE

NOTICE OF CONVICTION AND SUSPENSION/DISQUALIFICATION
PLEASE PRINT OR TYPE

NAME _____
(FIRST) (MIDDLE) (LAST) (SO. SEC. NO.)

ADDRESS _____

DRIVER LICENSE # _____ DATE OF BIRTH _____ RACE _____ SEX _____
ID # OR NONE _____

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____ DISPOSITION DATE _____

TRANSPORTING HAZARDOUS MATERIAL _____ NO _____ YES

EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: COURT MUST PROVIDE SUSPENSION OR DISQUALIFICATION DATES

BEGINNING DATE _____ ENDING DATE _____

CERTIFIED BY _____ TITLE _____
SIGNATURE _____

COURT _____ CAUSE # _____ COUNTY _____

MAIL TO: DRIVER IMPROVEMENT & CONTROL
TEXAS DEPARTMENT OF PUBLIC SAFETY
PO BOX 4087
AUSTIN TX 78773-0001

**NOTICE OF SUSPENSION-VIOLATION OF LICENSE OR CERTIFICATE PROVISION
ARTICLE 6687B, SECTION 32 AND 32A, V.T.C.S.**

(PRINT OR TYPE)

NAME _____
(FIRST) (MIDDLE) (LAST) (SO. SEC. NO.)

ADDRESS _____ CITY _____, TEXAS _____
(Zip Code)

DRIVER LICENSE # _____ DATE OF _____
ID # OR NONE _____ BIRTH _____ RACE _____ SEX _____

OFFENSE COMMITTED _____

DATE OFFENSE COMMITTED _____ DISPOSITION DATE _____

TRANSPORTING HAZARDOUS MATERIAL _____ NO _____ YES _____

EMPLOYER _____
(IF CONVICTED OF VIOLATING OUT OF SERVICE ORDER)

NOTE: Court must indicate beginning and ending dates of suspension.

DRIVER LICENSE OR OPERATING PRIVILEGE SUSPENDED:

BEGINNING DATE _____ ENDING DATE _____

CERTIFIED BY _____ TITLE _____
SIGNATURE _____

COURT _____ PRECINCT _____ PLACE _____

CAUSE # _____ CITY _____ COUNTY _____

(FORMERLY DL-21) DIC-21 (REV. 10/90)

TEXAS DEPARTMENT OF PUBLIC SAFETY

5805 N. LAMAR BLVD • BOX 4087 • AUSTIN, TEXAS 78773-0001
 PHONE: 512/424-2031 – FAX: 512/424-5809
www.txdps.state.tx.us

DPS CORRECTION FORM

Please fill out the form in its entirety as necessary, insufficient information will result in rejection.

Court Information		
Court Name:	Phone: () -	Fax: () -

Defendant Information		
Defendant Name:	Date of Birth: / /	
Driver's License Number:	State:	Social Security #: - -

Incorrect Conviction Information	
Cause/Docket/Ticket Number:	
Offense/Violation Description:	
Offense Date: / /	Conviction Date: / /

Reason for Correction	
Dismissed/Deferred: <input type="checkbox"/>	
Other: <input type="checkbox"/>	Reason:
Driver Safety Course: <input type="checkbox"/>	Driving Safety Course Completion Date: / /
Teen Court Program: <input type="checkbox"/>	Teen Court Completion Date: / /
Wrong Violation/Person: <input type="checkbox"/>	Please fill out the Correct Defendant and/or Conviction Information below

Correct Defendant Information		
Defendant Name:	Date of Birth: / /	
Driver's License Number:	State:	Social Security #: - -

Correct Conviction Information	
Cause/Docket/Ticket Number:	
Offense/Violation Description:	
Offense Date: / /	Conviction Date: / /

A correction to the driver's history can only be fulfilled upon request from the court and therefore the validity of the driver and violation information must be ensured.

EQUAL OPPORTUNITY EMPLOYER
COURTESY • SERVICE • PROTECTION

STATE OF



TEXAS
Nonresident
Violator Compact

You have failed to respond to the citation described in this notice by appearing in court, entering a plea and/or paying the fine within the prescribed time limit. Failure to appear or remit the fine to the court within 15 days from the date shown in the lower right corner of this notice will result in notifying the licensing authority in your state to suspend your driver's license until you respond or the fine has been paid.

CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED
DESCRIPTION OF VIOLATION				APPEARANCE DATE	FINE AND COSTS
DRIVER'S LICENSE NO.	STATE	DATE OF BIRTH		NAME OF COURT	
NAME LAST	FIRST	MIDDLE	SEX	MAILING ADDRESS	
STREET ADDRESS				CITY	STATE ZIP CODE
CITY		STATE	ZIP CODE	TELEPHONE NUMBER	CASE NUMBER
PLATE NUMBER	STATE	YEAR	MAKE	MODEL	AUTHORIZED BY DATE

DEFENDANT'S NOTICE

Editor's Note: DPS no longer provides the carbon copy six-part form. Courts can modify this form, but it should be designed in accordance with the format shown.

NONRESIDENT VIOLATOR COMPACT (Page 2 of 6)

STATE OF



TEXAS
Nonresident
Violator Compact

MAIL TO:
DRIVER IMPROVEMENT & CONTROL
TEXAS DEPT. OF PUBLIC SAFETY
P.O. BOX 4087
AUSTIN, TEXAS 78773

NOTICE OF SUSPENSION
(Failure to Respond to Citation, Appear in Court, or Pay Fine)

The defendant has failed to respond to a citation or pay a fine for the violation described herein within the prescribed time limit. Initiate action to suspend the defendant's driver's license in accordance with the provisions of the Nonresident Violator Compact.

CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED
DESCRIPTION OF VIOLATION					FINE AND COSTS
DRIVER'S LICENSE NO.	STATE	DATE OF BIRTH			
NAME	LAST	FIRST	MIDDLE	SEX	
STREET ADDRESS					
CITY		STATE	ZIP CODE		
Regis. (TAG) No.	STATE	YEAR	MAKE	MODEL	AUTHORIZED BY
					DATE

HOME JURISDICTION COPY

STATE OF



TEXAS
Nonresident
Violator Compact

MAIL TO:
DRIVER IMPROVEMENT & CONTROL
TEXAS DEPT. OF PUBLIC SAFETY
P.O. BOX 4087
AUSTIN, TEXAS 78773

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CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED
DESCRIPTION OF VIOLATION				APPEARANCE DATE	FINE AND COSTS
DRIVER'S LICENSE NO.	STATE	DATE OF BIRTH			
NAME LAST	FIRST	MIDDLE	SEX		
STREET ADDRESS					
CITY	STATE	ZIP CODE			
REGIS.(TAG) NO.	STATE	YEAR	MAKE MODEL		
AUTHORIZED BY			DATE		

ISSUING JURISDICTION COPY

STATE OF



TEXAS
Nonresident
Violator Compact

IMPORTANT

SEND THIS RECEIPT TO YOUR DRIVER LICENSING AUTHORITY TO CLEAR YOUR SUSPENSION.

RECEIPT FOR PAYMENT OF FINE COSTS

Receipt is hereby acknowledge for payment of \$ _____ covering the fine and costs for the violation described herein.

Authorized Signature _____

Date _____

CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED
DESCRIPTION OF VIOLATION				APPEARANCE DATE	FINE AND COSTS
DRIVER'S LICENSE NO.		STATE	DATE OF BIRTH		
NAME	LAST	FIRST	MIDDLE	SEX	
STREET ADDRESS					
CITY		STATE	ZIP CODE		
REGIS.(TAG) NO.	STATE	YEAR	MAKE	MODEL	AUTHORIZED BY
					DATE

DEFENDANT RECEIPT

STATE OF



TEXAS
Nonresident
Violator Compact

MAIL TO:
DRIVER IMPROVEMENT & CONTROL
TEXAS DEPT. OF PUBLIC SAFETY
P.O. BOX 4087
AUSTIN, TEXAS 78773

NOTICE OF WITHDRAWAL OF SUSPENSION

A suspension imposed for this violation may be withdrawn. Payment has been made in the amount of \$ _____ covering the fine and costs for the violation described herein.

Authorized Signature _____

CITATION NO.	VIOLATION DATE			LOCATION OF VIOLATION	SECTION VIOLATED
DESCRIPTION OF VIOLATION				APPEARANCE DATE	FINE AND COSTS
DRIVER'S LICENSE NO.	STATE	DATE OF BIRTH			
NAME LAST	FIRST	MIDDLE	SEX		
STREET ADDRESS					
CITY	STATE	ZIP CODE			
PLATE NUMBER	STATE	YEAR	MAKE MODEL		

HOME JURISDICTION WITHDRAWAL NOTICE

STATE OF



TEXAS
Nonresident
Violator Compact

COURT RECORD

A payment has been made in the amount of \$ _____ covering the fine and costs for the violation described herein.

Authorized Signature _____

Date _____

CITATION NO.		VIOLATION DATE			LOCATION OF VIOLATION		SECTION VIOLATED			
DESCRIPTION OF VIOLATION					APPEARANCE DATE		FINE AND COSTS			
DRIVER'S LICENSE NO.		STATE	DATE OF BIRTH							
NAME	LAST	FIRST	MIDDLE	SEX						
STREET ADDRESS										
CITY		STATE	ZIP CODE							
PLATE NUMBER	STATE	YEAR	MAKE	MODEL	AUTHORIZED BY				DATE	

COURT COPY

Member Jurisdictions of Non-Resident Violator Compact

- | | | | |
|----------------------|---------------|----------------|----------------|
| Alabama | Illinois | Nebraska | Pennsylvania |
| Arizona | Indiana | Nevada | Rhode Island |
| Arkansas | Iowa | New Hampshire | South Carolina |
| Colorado | Kansas | New Jersey | South Dakota |
| Connecticut | Kentucky | New Mexico | Tennessee |
| Delaware | Louisiana | New York | Texas |
| District of Columbia | Maine | North Carolina | Utah |
| Florida | Maryland | North Dakota | Vermont |
| Georgia | Massachusetts | Ohio | Virginia |
| Hawaii | Minnesota | Oklahoma | Washington |
| Idaho | Mississippi | | West Virginia |
| | Missouri | | Wyoming |

40-144
(Rev. 9-09-05)

Please complete and sign this report and enter a telephone number that can be called if additional information is necessary.

PRINT FORM

CLEAR FIELDS

T Code ■ 32610

State Criminal Costs and Fees

• DO NOT WRITE IN SHADED AREAS

• **CITY QUARTERLY REPORT** - This report must be filed by the due date even if no payment is due.
An amount or a zero (0) MUST be entered on all lines for Columns 1 and 3.

c. City identification number ■	f. Report for quarter ending QUARTER ENDING ■	g. ■	e. Due date of report
d. City name and mailing address			h. IMPORTANT Check in this box if your address has changed. Show changes by the preprinted information. → 1
			i. ■
			j. ■

• SEE BACK FOR INSTRUCTIONS

SECTION I: Reports for offenses committed

	Column 1 TOTAL COLLECTED <small>(State court costs only) Dollars and cents</small>	Column 2 SERVICE FEE <small>(See instructions)</small>	Column 3 AMOUNT DUE STATE <small>(Col. 1 minus Col. 2)</small>
1. 01-01-04 Forward	\$		\$
2. 09-01-01 -- 12-31-03			
3. 08-31-99 -- 08-31-01			
4. 09-01-97 -- 08-30-99			
5. 09-01-91 -- 08-31-97			
6. Jury Reimbursement Fee (JRF)			
7. Indigent Defense Fund (IDF)			
8. Moving Violation Fees (MVF)			
9. State Traffic Fine (STF)		5%	

SECTION II: As applicable

10. Peace Officer Fees (Report 20% of fees from actions by state officers only.)			10. \$
11. Failure to Appear/Pay Fees (FTA) (Report \$20 of the administrative fee.)			11. ■
12. Motor Carrier Weight Violations (MCW) (Report 50% of the fines collected.)			12. ■
13. Time Payment Fees (TP) (Report 50% of the \$25 fee.)			13. ■
14. Driving Records Fee (DRF) (Report 100% of fees collected.)			14. ■
15. Judicial Support Fee (JS)			15. ■
16. TOTAL DUE FOR THIS PERIOD (Total of items 1 thru 15 to Column 3.)			16. \$

*** DO NOT DETACH ***

17. TOTAL AMOUNT DUE AND PAYABLE (Same as item 16) 17. \$

City name	k. ■	l. ■
-----------	------	------

T Code ■ City identification no. ■ Period

32600

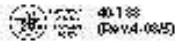
For assistance, call (800) 531-5441, ext. 3-4276, or (512) 463-4276.

Make the amount in Item 17 payable to: STATE COMPTROLLER
Mail to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149361 Austin, TX 78714-9361

I, (type or print name) _____, certify that the information above is true as shown in the records of the treasury of the city named.	
sign here	
Title	Date
Phone number (Area code and number)	

40-144 (Rev. 9-09-05)

444



CHILD SAFETY SEAT AND VIOLATION FINES - TERTIARY CARE FUND

Please complete and sign this report and enter a telephone number that can be called if additional information is necessary.

PRINT

a. T Code ■ 32170

c. City/County Identification Number ■	d. Report for fiscal year ending	e. ■
f. Due date of report		

g. City/County name and mailing address

h. IMPORTANT
 Check this box if your address has changed. Show changes by the preprinted information. → 1

i. ■	j. ■
------	------

Under Ch. 569, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 562, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.

Please check if fiscal year has changed from previous report

- REPORT MUST BE FILED EVEN IF NO PAYMENT IS DUE.
- DO NOT WRITE IN SHADED AREAS.

Transportation Code, Sections 545.412 (h) and 545.413 (b) and (j)

Notwithstanding Section 542.402(a), a municipality or county, at the end of the municipality or county's fiscal year, shall send to the Comptroller an amount equal to 50 percent of the fines collected by the municipality or the county for violations of sections 545.412 and 545.413 (b). The Comptroller shall deposit the amount received to the credit of the Tertiary Care Fund for use by trauma centers.

Municipal and county officials should use this form to submit payment of 50 percent of the fines collected on these violations during their fiscal year. This report is due 30 days after the end of the city or county's fiscal year.

1. TOTAL AMOUNT OF FINES COLLECTED _____	1. ■ \$ _____	X .50
2. TOTAL AMOUNT OF FINES DUE THE STATE (Multiply amount in Item 1 by .50) _____		
*** DO NOT DETACH ***		
3. TOTAL AMOUNT OF PAYMENT (Same as Item 2) _____		
3. ■ \$ _____		

City/County name	k. ■	l. ■
■ T Code ■ Identification no. ■ Period		

32060

Complete this report and make the amount in item 3 payable to:
STATE COMPTROLLER

Mail to: **COMPTROLLER OF PUBLIC ACCOUNTS**
 P.O. Box 149361
 Austin, Texas 78714-9361

(Type or print name) _____ certify that the information above is true as shown in the records of the city or county named.

Authorized agent

sign here)

Title	Date
Daytime phone (Area code and number)	

For assistance call (800) 531-5441, ext. 3-4276, toll free nationwide. The Austin number is (512) 463-4276.

40-128 (Rev. 9/11/11)
 e. TCode ■ 32120

PRINT FORM CLEAR FORM

b. ■

Excess Highway Fines

• Do NOT write in shaded areas.

c. City/county identification number
 ■

d. Report for quarter ending
 ■

e. ■

If any information preprinted on this form is incorrect, cross out the incorrect information and write in the correct information.

f. City/county name and mailing address

g. ■

h. ■

This report must be filed when your city's/ county's fines and special expenses exceed 30 percent of your city's/ county's revenue less federal funds and bond proceeds. This report should be filed in the quarter following the month that the payment becomes due. Further instructions are on the reverse side.

City/county fiscal year begins (Month, year) _____ ends (Month, year) _____

1. Total revenue less federal funds and bond proceeds from previous fiscal year (Taken from audit required by Local Government Code, Chapter 103 - cities or Chapter 115 - counties)	1.	_____
2. Multiply amount in Item 1 by .30 (30%)	2. ■	_____
3. Enter the total amount of highway fines and special expenses collected this fiscal year (See definitions and instructions for Item 3)	3.	_____
4. Enter amount exceeded (Item 3 minus Item 2)	4.	_____
5. Multiply the total number of convictions by \$1.00 for all highway fines and special expenses collected after the 30% cap is reached	5.	_____
6. Excess highway fines and special expenses due the state (Item 4 minus Item 5)	6.	_____
7. Deduct the amounts on Items 5 and 8 from prior reports submitted this fiscal year. Enter zero if this is the first report filed this year	7.	_____
8. Excess highway fines and special expenses due this quarter (Item 6 minus Item 7)	8. ■	_____
*** DO NOT DETACH ***		
9. TOTAL AMOUNT DUE AND PAYABLE (Same as Item 8)	9. ■	_____
	i. ■	_____
	j. ■	_____
City/county name		

■ TCode ■ City/county identification no. ■ Period
 32030

For assistance call (800) 631-5441, ext. 34276.
 The Austin number is (512) 463-4276.

Complete this report and make the amount in Item 9 payable to: STATE COMPTROLLER
 Our mailing address is: P.O. Box 149361
 Austin, Texas 78714-9361

I, (Type or print name) _____, certify that the information above is true as shown in the records of the treasury of the city/county named.

Authorized agent

sign here

Title _____ Date _____

Phone number (Area code and number) _____



**PHOTOGRAPHIC ENFORCEMENT SYSTEMS -
REGIONAL TRAUMA ACCOUNT**

- REPORT MUST BE FILED EVEN IF NO PAYMENT IS DUE.
- DO NOT WRITE IN SHADED AREAS.

a. TCode ■ 32240

c. City/County Identification Number d. Report for fiscal year ending (month/day) e. f. Use date of report

g. City/County name and mailing address

h. IMPORTANT
Check this box if your address has changed. Show changes by the preprinted information. 1

i. j.

Under Ch. 553, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or toll-free number listed on this form.

Please check if fiscal year has changed from previous report

Transportation Code, Section 707.008

Not later than the 60th day after the end of the local authority's fiscal year, after deducting amounts the local authority is authorized by Subsection (b) to retain, the local authority shall:

- (1) send 50 percent of the revenue derived from civil or administrative penalties collected by the local authority as authorized under this section to the Comptroller for deposit to the credit of the regional trauma account.
- (2) deposit the remainder of the revenue in a special account in the local authority treasury that may be used only to fund traffic safety programs.

1. Total amount of civil and administrative penalties _____	1. ■ \$ _____
2. Less allowable expenses (Trans. Code Sec. 707.088(b)(1-4):	
a) costs of purchasing or leasing equipment _____	2a \$ _____
b) installation of equipment and network _____	2b \$ _____
c) operating enforcement system (including administrative cost) _____	2c \$ _____
d) system maintenance and upkeep _____	2d \$ _____
Total allowable expenses (Total of amounts in items 2a, 2b, 2c and 2d) _____	2. ■ \$ _____
3. Net revenue from photographic traffic enforcement systems (Item 1 minus Item 2) _____	3. ■ \$ _____
	X .50
4. TOTAL AMOUNT DUE THE STATE (Multiply amount in item 3 by 50 %) _____	4. \$ _____
*** DO NOT DETACH ***	
5. TOTAL AMOUNT OF PAYMENT (Same as item 4) _____	5. ■ \$ _____

City/County name k. l.

■ T Code ■ Identification no. ■ Period

32070

Complete this report and make the amount in item 5 payable to:
STATE COMPTROLLER
Mail to: COMPTROLLER OF PUBLIC ACCOUNTS
P.O. Box 149361
Austin, Texas 78714-9361

(Type or print name) _____ certify that the information above is true and correct as shown in the records of the reporting office of the city or county named.

Authorized agent

sign here

Title Date

Daytime phone (Area code and number)

For assistance call (800) 531-5441, ext. 3-4276, toll free nationwide. The Austin number is (512) 463-4276.

444

OFFICE OF THE CHIEF DISCIPLINARY COUNSEL
STATE BAR OF TEXAS
GRIEVANCE FORM

I. GENERAL INFORMATION

Before you fill out this paperwork, there may be a faster way to resolve the issue you are currently having with an attorney.

If you are considering filing a grievance against a Texas attorney for any of the following reasons:

- ~ You believe your attorney is neglecting your case.
- ~ Your attorney does not return phone calls or keep you informed about the status of your case.
- ~ You have fired your attorney but are having problems getting your file back from the attorney.

You may want to consider contacting the Client-Attorney Assistance Program (CAAP) at 1-800-932-1900.

CAAP was established by the State Bar of Texas to help people resolve these kinds of issues with attorneys quickly, without the filing of a formal grievance.

CAAP can resolve many problems without a grievance being filed by providing information, by suggesting various self-help options for dealing with the situation, or by contacting the attorney either by telephone or letter.

I have _____ I have not _____ contacted the Client-Attorney Assistance Program.

NOTE: Please be sure to fill out each section completely. Do not leave any section blank. If you do not know the answer to any question, write "I don't know."

II. INFORMATION ABOUT YOU -- PLEASE KEEP CURRENT

1. TDCJ/SID # _____ Mr. Name: _____
 Immigration # _____ Ms.

Address: _____

City: _____ State: _____ Zip Code: _____

2. Employer: _____
Employer's Address: _____

3. Telephone number: Residence _____ Work: _____
Other: _____
4. Drivers License # _____ Date of Birth _____
5. Name, address, and telephone number of person who can always reach you.
Name _____ Address _____
_____ Telephone _____
6. Do you understand and write in the English language? _____
If no, what is your primary language? _____
Who helped you prepare this form? _____
Will they be available to translate future correspondence during this process? _____
7. **Are you a Judge?** _____
If yes, please provide Court, County, City, State: _____

III. INFORMATION ABOUT ATTORNEY

Note: Grievances are not accepted against law firms. You must specifically name the attorney against whom you are complaining. A separate grievance form must be completed for each attorney against whom you are complaining.

1. Attorney name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
2. Telephone number: Work _____ Home _____ Other _____
3. Have you or a member of your family filed a grievance about this attorney previously?
Yes ___ No ___ If "yes", please state its approximate date and outcome. _____

Have you or a member of your family ever filed an appeal with the Board of Disciplinary Appeals about this attorney?

Yes ___ No ___ If "yes," please state its approximate date and outcome.

4. Please check one of the following:

- _____ This attorney was **hired** to represent me.
_____ This attorney was **appointed** to represent me.
_____ This attorney was hired to represent **someone else**.

Please give the date the attorney was hired or appointed. _____

Please state what the attorney was hired or appointed to do. _____

5. What was your fee arrangement with the attorney? _____

How much did you pay the attorney? _____

If you signed a contract and have a copy, please attach.

If you have copies of checks and/or receipts, please attach.

Do not send originals.

6. If you did not hire the attorney, what is your connection with the attorney? Explain briefly

7. Are you currently represented by an attorney? _____

If yes, please provide information about your current attorney: _____

8. Do you claim the attorney has an impairment, such as depression or a substance use disorder? If yes, please provide specifics (your **personal** observations of the attorney)

such as slurred speech, odor of alcohol, ingestion of alcohol or drugs in your presence etc., including the date you observed this, the time of day, and location).

9. Did the attorney ever make any statements or admissions to you or in your presence that would indicate that the attorney may be experiencing an impairment, such as depression or a substance use disorder? If so, please provide details.

IV. INFORMATION ABOUT YOUR GRIEVANCE

1. Where did the activity you are complaining about occur?

County: _____ City: _____

2. If your grievance is about a lawsuit, answer the following, if known:

a. Name of court _____

b. Title of the suit _____

c. Case number and date suit was filed _____

d. If you are not a party to this suit, what is your connection with it? Explain briefly.

If you have copies of court documents, please attach.

3. Explain in detail why you think this attorney has done something improper or has failed to do something which should have been done. Attach additional sheets of paper if necessary.

If you have copies of letters or other documents you believe are relevant to your grievance, please attach. Do not send originals.

Include the names, addresses, and telephone number of all persons who know something about your grievance.

Also, please be advised that a copy of your grievance will be forwarded to the attorney named in your grievance.

V. HOW DID YOU LEARN ABOUT THE STATE BAR OF TEXAS' ATTORNEY GRIEVANCE PROCESS?

- Yellow Pages**
- Internet**
- Other**

VI. ATTORNEY-CLIENT PRIVILEGE WAIVER

I hereby expressly waive any attorney-client privilege as to the attorney, the subject of this grievance, and authorize such attorney to reveal any information in the professional relationship to the Office of Chief Disciplinary Counsel of the State Bar of Texas.

I understand that the Office of Chief Disciplinary Counsel maintains as confidential the processing of Grievances.

Signature: _____ Date: _____

TO ENSURE PROMPT ATTENTION, THE GRIEVANCE SHOULD BE MAILED TO:

THE OFFICE OF CHIEF DISCIPLINARY COUNSEL
P.O. Box 13287
Austin, Texas 78711

Editor's Note: For instructions on completing this form or to download the form, go to www.texasbar.com/AM/Template.cfm?Section=Filing_a_Complaint&Template=/CM/HTMLDisplay.cfm&ContentID=15451

OFICINA DEL ASESOR JURÍDICO PARA ASUNTOS DISCIPLINARIOS
COLEGIO DE ABOGADOS DEL ESTADO DE TEXAS
FORMULARIO DE QUEJA FORMAL

I. INFORMACIÓN GENERAL

Antes de llenar este formulario, permítanos informarle que existe otra manera más rápida de posiblemente resolver el problema con su abogado.

Si la razón por la cual está presentado una queja formal en contra de un abogado colegiado en Texas es una de las siguientes:

- * Considera que el abogado ha desatendido su caso;
- * No le devuelve las llamadas ni lo mantiene informado sobre cómo procede el caso o
- * El abogado no le devuelve su expediente a pesar de que lo despidió

comuníquese con el Programa de Ayuda para Clientes y Abogados (o CAAP por sus siglas en inglés) llamando al 1-800-932-1900.

El programa CAAP del Colegio de Abogados del Estado de Texas existe para ofrecerle al consumidor un proceso ágil para resolver estos problemas sin necesidad de una queja formal.

Este programa le puede ayudar a resolver varios tipos de problemas sin que tenga que presentar una queja formal, brindándole información o recomendaciones para que Vd. mismo pueda manejar la situación o contactando el abogado directamente por teléfono o correo.

Sí _____ No _____ me comuniqué con el Programa de Ayuda para Clientes y Abogados (CAAP).

II. Datos personales -- por favor mantenga a esta Oficina informada sobre cualquier cambio

TDCJ/SID # _____ Sr. Sra. Nombre y apellido: _____
 # Inmigración: _____
 Domicilio: _____

Ciudad: _____ Estado: _____ Código postal: _____

1. Lugar de Empleo: _____

2. Domicilio de Empleo _____

3. Número de Teléfono: Casa _____ Trabajo: _____
Otro Teléfono: _____

4. Núm. de licencia de conducir _____ Fecha de nacimiento _____
5. Nombre y apellido, dirección y número de teléfono de alguien que siempre podrá comunicarse con usted.
 Nombre y Apellido: _____ Dirección: _____
 _____ Núm. De Teléfono: _____
6. ¿Entiende y sabe escribir en Inglés? _____
 Si no, ¿qué idioma habla? _____
 Si alguien le ayudó a llenar este formulario, por favor indique quién _____
 ¿Tiene alguien que podrá traducirle la correspondencia que recibirá como parte de este proceso? _____
7. ¿Es Vd. Juez? _____
 Si lo es, por favor indique en qué Juzgado trabaja y en que Ciudad, Condado y Estado:

III. Datos del Abogado

Tome en cuenta que: No se aceptan quejas contra bufetes o despachos de abogados. Deberá proporcionar el nombre y apellido del abogado contra quien desea presentar la queja. Si su queja es contra varios abogados, deberá llenar un formulario individual para cada uno.

1. Nombre y apellido del Abogado: _____ Dirección: _____
 Ciudad: _____ Estado: _____ Código postal: _____
2. Número de teléfono: Trabajo: _____ Casa: _____
 Otros números: _____
3. Alguna vez antes, ¿ha usted o alguien de su familia presentado una queja formal contra este mismo abogado?
 Sí ___ No ___ En caso afirmativo, por favor indique la fecha (aunque sea aproximada) y el resultado. _____
- Alguna vez antes, ¿ha usted o alguien de su familia apelado el despido de su agravio por la Barra De Abogados De Texas (State Bar of Texas) con la Mesa Directiva de Apelaciones Disciplinarias (Board of Disciplinary Appeals – “BODA”) contra este mismo abogado?
 Sí ___ No ___ En caso afirmativo, por favor indique la fecha (aunque sea aproximada) y el resultado. _____
4. Por favor indique la descripción que corresponde a su situación:
 _____ **Contraté** al abogado para que me defendiera.
 _____ Un juez **me asignó o nombró** el abogado.
 _____ El abogado fue contratado para representar **a otra persona**.

En qué fecha se contrató o se le nombró el abogado:

con qué motivo fue contratado o nombrado el abogado:

5. ¿Cuál fue el contrato o acuerdo con respecto a los honorarios del abogado?

Cuanto pago al Abogado:

Si firmó y tiene una copia del contrato firmado, por favor adjúntela a este formulario. Igualmente, si tiene copias de los cheques o recibos de sus pagos, adjúntelas también. No envíe los originales.

6. Si no contrató al abogado indique cómo está Vd. relacionado con el caso o con la contratación del abogado. Proporcione una explicación breve:

7. ¿Tiene un abogado actualmente?

En caso afirmativo, por favor proporcione el nombre y la dirección del abogado:

8. ¿Alega Vd. que debido a que el abogado está deprimido o es toxicómano no cumple con sus responsabilidades? De ser así, por favor especifique los síntomas **que Vd. le notó o presencié**, tales como- arrastraba las palabras al hablar, aliento u olor a alcohol, el consumo de drogas o alcohol. También indique el lugar, la fecha y hora en que esto ocurrió.

9. En algún momento, ¿el abogado le dijo o reconoció que sufría de la depresión o del abuso o la dependencia de sustancias nocivas? De ser así, por favor proporcione detalles sobre estas conversaciones.

IV. Su queja

1. ¿Dónde sucedieron los hechos que dan lugar a esta queja formal?

¿En qué Condado? _____ ¿En cuál Ciudad? _____

2. Si esta queja tiene que ver con una demanda, proporcione la siguiente información, si la tiene:

a. El juzgado que preside sobre la demanda: _____

b. Nombre de la demanda: _____

c. Número del caso y la fecha en que se entabló: _____

d. Si no es una de las partes en la demanda, ¿qué relación tiene usted con el caso? Explique brevemente.

Si tiene copias de algún documento que forme parte de la demanda, por favor adjúntelas al formulario.

3. Detalle las razones por las cuales Vd. considera que el abogado ha actuado en forma incorrecta o que no cumplió con alguna obligación que tenía. Si es necesario, use páginas adicionales para completar la información.

Por favor remita copias de toda carta o documentación que considere pertinente. No envíe los originales.

En cuanto a las personas que tienen conocimiento o información sobre este asunto, incluya sus nombres y apellidos, domicilios y números de teléfono.

Aviso: el abogado recibirá una copia de su queja.

V. ¿Cómo se enteró del proceso de quejas formales del Colegio de Abogados del Estado de Texas?

- Páginas Amarillas
- Internet
- Otro medio

VI. RENUNCIA DEL SECRETO PROFESIONAL DEL ABOGADO CON SU CLIENTE

Por medio de la presente renunció expresamente al derecho al secreto profesional existente con abogado contra quien presento esta queja formal y autorizo al mismo a divulgar toda información sobre nuestra relación profesional que pudiera solicitar la Oficina del Asesor Jurídico para Asuntos Disciplinarios del Colegio de Abogados del Estado de Texas.

Reconozco que dicha Oficina guardará bajo absoluta reserva el procesamiento de la queja formal.

Firma: _____ Fecha: _____

PARA ASEGURARSE DE QUE ESTA QUEJA FORMAL SEA ATENDIDA EN FORMA OPORTUNA, ENVÍELA A LA SIGUIENTE DIRECCIÓN:

THE OFFICE OF CHIEF DISCIPLINARY COUNSEL
P.O. Box 13287
Austin, Texas 78711

Editor's Note: For instructions on completing this form or to download the form, go to www.texasbar.com/AM/Template.cfm?Section=Filing_a_Complaint&Template=/CM/HTMLDisplay.cfm&ContentID=15451

State Commission on Judicial Conduct

PO Box 12265
 Austin, TX 78711-2265
 Tel. (512) 463-5533 · Toll Free: (877) 228-5750

For SCJC use only.

Complaint Form

- If you are filing a complaint about more than one judge, please use a separate form for each judge.
- You may complete this form online before printing.
- Send the completed form and any additional pages or related documents to SCJC.

* Indicates required fields. Please note that faxed complaints will **NOT** be accepted.

*Your name: _____	*Judge: _____
*Mailing Address: _____	*Court Number: _____
*City, State Zip: _____	*City and County: _____
*Date of Birth: _____	
Your Phones: Day (____) _____	Evening (____) _____
Cell/Other (____) _____	Best time to call you: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

If your complaint involves a court case, please provide the following information:

Cause Number: _____	Status of your case: <input type="checkbox"/> Pending <input type="checkbox"/> Concluded <input type="checkbox"/> On appeal
Your attorney: _____	Opposing Attorney: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Phone Number(s): _____	Phone Number(s): _____

PLEASE FILL IN ALL INFORMATION AVAILABLE FOR ANY WITNESSES (attach additional pages as needed)

Name: _____	Name: _____
Address: _____	Address: _____
Phone Number(s): _____	Phone Number(s): _____
What did this person witness? <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	What did this person witness? <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

If you are submitting documents, please provide copies, not originals.

*I understand that as part of the Commission's investigation the judge may be provided a copy of this complaint. Please note - the Commission will do its best to maintain your confidentiality, **if you so request.** However, it may not be possible for us to pursue our investigation without revealing your identity at some point. If it is necessary to reveal your identity directly to the judge, we will advise you before proceeding.*

*I request that my identity be kept confidential. Yes No

*Signature: _____ *Date: _____

How did you hear about the State Commission on Judicial Conduct? (please select one) State Bar of Texas

Another State agency News media Attorney Friend Other: _____

Revised 07/13/2009

Details of Complaint

Please type or print the factual details of your complaint in the space provided below. **Please include the date(s) of the alleged misconduct.** If more space is needed, attach additional sheets. Please sign and date each additional sheet. Your complaint should be as specific as possible, PLEASE DO NOT CITE CASE LAW IN YOUR COMPLAINT.

*Date(s) of Alleged Misconduct of Judge: _____

*Factual Details of your complaint against Judge:

*Printed Name: _____

*Signature: _____

*Date: _____

Revised 07/13/2009

Editor's Note: For information on filing a complaint and to get the complaint form, go to www.scjc.state.tx.us/.

State Commission on Judicial Conduct

PO Box 12265
 Austin, TX 78711-2265
 Tel. (512) 463-5533 · (877) 228-5750 Gratis

For SCJC use only.

FORMA DE QUEJA

- Si su queja es sobre más de un juez, por favor utilice una forma separada para cada juez.
- Usted puede llenar esta forma online antes de emprestar.
- Envíe la forma completa - y páginas o documentos adicionales - directamente al SCJC.

* Indica campos necesarios. Favor de anotar: Quejas via fax **no serán** aceptadas

*Nombre: _____ *Juez: _____
 *Dirección: _____ *Número de Corte: _____
 *Ciudad, Estado, Código Postal: _____ *Ciudad y Condado: _____
 *Fecha de Nacimiento: _____
 Teléfono: Día (____) _____ Noche (____) _____
 Celular/Otro (____) _____ Mejor tiempo para llamar: _____ A.M. P.M.

Si su queja implica un proceso judicial, favor de proporcionar la siguiente información

Número de la Causa: _____ Estado de la Causa: Pendiente Concluido En Apelación
 Su Abogado: _____ Abogado del lado opuesto: _____
 Dirección: _____ Dirección: _____
 Número de Teléfono: _____ Ciudad, Código Postal: _____
 Ciudad, Código Postal: _____ Número de Teléfono: _____

FAVOR DE PROPORCIONAR TODA LA INFORMACIÓN DISPONIBLE PARA SUS TESTIGOS
 (Si es necesario, incluya páginas adicionales)

Nombre: _____	Nombre: _____
Dirección: _____	Dirección: _____
Número de Teléfono: _____	Número de Teléfono: _____
¿Que atestiguó esta persona? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	¿Que atestiguó esta persona? <div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Si está sometiendo documentos, por favor, proporcione copias y no originales.

Entiendo que como parte de la investigación de la Comisión, el juez puede ser proporcionado con una copia de ésta queja. Tenga por seguro que la Comisión hará todo lo posible por mantener en confianza su queja, **si usted así lo desea**. Pero pueda que no sea posible seguir nuestra investigación sin revelar su identidad. Si es necesario de revelar su identidad directamente al juez, le avisará antes de proceder.

*Pido que mi identidad permanezca confidencial. Sí No

*Firma: _____ *Fecha: _____

¿Cómo se informó de la Comisión Estatal de Conducto Judicial? (Escoja uno) Indique Barra de Tejas

Otra Agencia Estatal Por Medio de Noticias Abogado Amigo Otro: _____

Revisado 07/13/2009

DETALLES DE LA QUEJA

Por favor imprima o escribir a máquina los detalles de su queja en el espacio proporcionado. Favor de anotar la fecha o fechas de la mala conducta alegada. Si necesita más espacio, asocie las páginas adicionales. Por favor muestre y incluya la fecha en cada página adicional. Se pide que su queja sea lo más detallada y lo más posible completa.

*Fecha(s) de la mala conducta alegada del Juez: _____

*Los detalles de su queja contra el Juez:

*Imprima Nombre: _____

*Firma: _____

*Fecha: _____

Revisado 07/13/2009

Editor's Note: For information on filing a complaint and to get the complaint form, go to www.sejc.state.tx.us/.