

**CLE COMPLIANCE AFFIDAVIT
FOR DEATH PENALTY CASES**

Date: _____

Name: _____

Business Address: _____

E-mail address: _____

Bar No. _____

Business Phone: _____

Cell Phone: _____

Fax No. _____

I have attended the following death penalty-related CLE hours **since September 1, 2019:**

Course Title	Date	DP trial hours	DP appellate hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have carryover of _____ hours from the following death penalty-related CLE from the **previous year:**

Course Title	Date	DP trial hours	DP appellate hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Self Study Hours: (2 hours maximum allowed)

Self Study Death Penalty Trial Hours _____

Self Study Death Penalty Appellate Hours _____

TOTAL HOURS:

Total Death Penalty Trial Hours _____

Total Death Penalty Appellate Hours _____

****You must provide a printout from the State Bar of Texas confirming the above information.***

I, _____, Attorney at Law, certify under penalty of law that the above information and facts are true and correct.

EXECUTED on the _____ day of _____, 20__.

Signature of Affiant

THIS FORM MUST BE RETURNED TO:

**CRIMINAL DISTRICT COURTS ADMINISTRATION
101 W. NUEVA, SUITE 301
SAN ANTONIO, TEXAS 78205
aamici@bexar.org**