

ATTORNEY CONTACT FORM

Please fill out this form completely and submit to the **County Court at Law** no later than _____ by 5:00 p.m. The Court **will not** consider your *Application for Court Appointed Counsel (Pauper's Oath)* until this form is filled out properly and returned.

Minimum of 10 Attorneys

1. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
2. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
3. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
4. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
5. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
6. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
7. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
8. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
9. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____
10. Attorney's Name _____
Quote for Representation in your case \$ _____
Date of Contact _____