

TDCAA Registration Form

Advanced Trial Advocacy Course at Baylor Law School

July 28-August 2, 2024

Application Requirements: For consideration, you must complete this form in its entirety. Incomplete forms will not be considered. Please type or print and sign your form. To ensure consideration, applications must be received via fax or email by **June 28. Do not do both.** If accepted, applicants will be notified by email and will receive confirmation and information about the course and lodging. This form may be duplicated.

Name _____

Title _____

Current assignment _____

Office address _____

City _____ ZIP _____

Phone _____

State Bar card # _____

Email address _____

1. What is the approximate size of your jurisdiction?
(Check the appropriate box.)

- Less than 20,000 20,000–50,000
 50,001–100,000 100,001–250,000
 250,001–500,000 Over 500,001

2. How many employees are in your office? _____

3. Total years as a prosecutor: _____

4. Total number of trials:

Jury trials:	Bench trials:
_____ misdemeanor	_____ misdemeanor
_____ felony	_____ felony
_____ civil	_____ civil

5. Charges in the last five completed trials as lead attorney (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> domestic violence | <input type="checkbox"/> violent crime |
| <input type="checkbox"/> property crime | <input type="checkbox"/> arson |
| <input type="checkbox"/> juvenile court | <input type="checkbox"/> DWI |
| <input type="checkbox"/> white-collar crime | <input type="checkbox"/> vehicular fatalities |
| <input type="checkbox"/> drug prosecution | <input type="checkbox"/> sexual assault |
| <input type="checkbox"/> child abuse/exploitation | <input type="checkbox"/> computer crime |
| <input type="checkbox"/> other _____ | |

I understand that if I am accepted, my advance preparation and full participation for the week are required.

Signature of applicant _____

Date _____

NOMINATIONS MUST BE MADE BY THE ELECTED PROSECUTING ATTORNEY
IN THE APPLICANT'S JURISDICTION.

I nominate _____ for participation in TDCAA's Advanced Trial Advocacy Course.
The information provided in this application is accurate and complete, and the applicant meets the course requirements.

Signature of Elected Prosecutor _____

(Type or print name)

Date _____

Phone _____

We reserve the right to limit the number of attendees from each jurisdiction. Submission of application does not guarantee acceptance.

Use one method to return this form:

Fax: 512/478-4112 or

Email: Brian.Klas@tdcaa.com