



Texas Department of Criminal Justice
Parole Division

ATTORNEY SUMMARY REPORT FOR OFFENDER REPRESENTATION

To be filed with the Texas Department of Criminal Justice-Parole Division

FOR YEAR: 2022

TEXAS GOVERNMENT CODE ANN. § 508.083 requires the person who represents an offender for compensation before the Texas Board of Pardons and Paroles (BPP), a Parole Panel, or the Parole Division of the Texas Department of Criminal Justice to be:

- 1) an attorney licensed to practice in this state (Texas), **and**
- 2) registered with the Texas Department of Criminal Justice-Parole Division.

TEXAS GOVERNMENT CODE ANN. § 508.084 requires the attorney to file a fee affidavit for each offender represented, reporting the amount of compensation and the name of the person making the compensation.

TEXAS GOVERNMENT CODE ANN. § 508.085 requires the attorney to file an annual representation summary form no later than January 31, identifying **all offenders** represented for the previous calendar year.

TDCJ OFFICE USE ONLY

Date received: _____

Date processed: _____

File this Attorney Summary Report for Offender Representation with the Parole Division
no later than January 31, 2023.

Note: Refer to the Attorney Fee Affidavit Form that you filed with the
Parole Division when filling out this report.

REGISTRANT INFORMATION

REGISTRANT'S TEXAS BAR NUMBER: _____
Bar Number

REGISTRANT'S NAME: _____
Title First M.I. Last Suffix

BUSINESS STREET ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____
Street or P.O. Box City State Zip Code

BUSINESS PHONE NUMBER: _____
Area Code Number Extension

ALTERNATE PHONE NUMBER: _____
Area Code Number Extension

BUSINESS FAX NUMBER: _____
Area Code Number

EMAIL ADDRESS: _____

Mail or fax to: TDCJ PAROLE DIVISION
CFCU-FEE AFFIDAVIT DESK
8712 SHOAL CREEK BLVD
AUSTIN TX 78757-6814
Phone: 512-406-5943 | Fax: 512-371-9645



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Relationship Associations

Provide the full name of any former member or employee of the BPP or the Texas Board of Criminal Justice or former employee of the Texas Department of Criminal Justice with whom you are associated, have a relationship as an employer or employee, or maintain a contractual relationship to provide services. Check the information that applies to each individual.

NAME OF INDIVIDUAL: _____

Individual's Status

- ☐ Former member of the BPP
☐ Former employee

Relationship to Registrant

- ☐ Associate
☐ Employer/Employee
☐ Contractual relationship to provide serviced

NAME OF INDIVIDUAL: _____

Individual's Status

- ☐ Former member of the BPP
☐ Former employee

Relationship to Registrant

- ☐ Associate
☐ Employer/Employee
☐ Contractual relationship to provide serviced

Offender Information—Provide information below for all offenders who you represented for compensation since January 1, _____.
Enter the applicable year.

Name of Offender	SID Number	PIA/TDCJ Number	Compensation

Signature

Date

Click Icon to Submit
Form by e-mail.

