

Texas Department of Criminal Justice  
Parole Division  
**Attorney Summary Report for Client Representation**

To be filed with the Parole Division

FOR YEAR: \_\_\_\_\_

Texas Government Code § 508.083 requires the person representing a client for compensation before the Texas Board of Pardons and Paroles, a Parole Panel, or the Parole Division must be:

1. an attorney licensed to practice in Texas, **and**
2. registered with the Parole Division.

Texas Government Code § 508.084 requires the attorney to file a fee affidavit for each client represented, reporting the amount of compensation and the name of the person making the compensation.

Texas Government Code § 508.085 requires the attorney to file an annual representation summary form no later than January 31st, identifying **all clients** represented for the previous calendar year.

TDCJ OFFICE USE ONLY	
<b>Date received:</b>	_____
<b>Date processed:</b>	_____

File this Attorney Summary Report for Client Representation with the Parole Division **no later than January 31st of the current year.**

**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, fax, or email to: TDCJ Parole Division  
CFCU-Fee Affidavit Desk  
8712 Shoal Creek Blvd.  
Austin, TX 78757  
Phone: 512-406-5943  
Fax: 512-371-9645  
Email: Fee.Affidavits@tdcj.texas.gov

Texas Department of Criminal Justice  
Parole Division  
**Attorney Summary Report for Client Representation**

### 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

Client Information—Provide information below for all clients who you represented for compensation since January 1, .

Enter the applicable year.

Name of Client	SID Number	PIA/TDCJ Number	Compensation

\_\_\_\_\_ Signature

\_\_\_\_\_ Date