

# FEE AFFIDAVIT FORM

Select one:  Original  Supplement

Client Name: \_\_\_\_\_ PIA/TDCJ #: \_\_\_\_\_ SID #: \_\_\_\_\_

## ATTORNEY INFORMATION:

Mr./Ms. First Name Middle Name Last Name Suffix

Texas Bar Number: \_\_\_\_\_ Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Street Address: \_\_\_\_\_  
City State Zip Code

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

**Texas Board of Criminal Justice, Texas Board of Pardons and Paroles (BPP), Texas Department of Criminal Justice employee(s) or member(s) that the attorney is associated with or has a relationship with as an employer or employee or maintains a contractual relationship to provide services (list additional names on the back of this page).**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Entity: \_\_\_\_\_

**HAVE YOU REGISTERED WITH THE TDCJ PAROLE DIVISION WITHIN THE LAST 12 MONTHS?  YES or  NO**

**Texas Government Code §§ 508.084 – 508.085 requires certain information relative to fees or lack thereof. This affidavit must be completed regarding the relevant areas, signed, sworn, and subscribed to before a Notary Public, prior to any representation.**

### I. NO FEE

I, or any corporation or firm with which I am affiliated, have received no fee nor promise of fee for services of any nature rendered, or to be rendered, in connection with parole or executive clemency for the above-named person.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

### II. COMPENSATED REPRESENTATION

Texas Government Code § 305.00 2(3) defines "compensation" as "means money, service, facility, or other thing of value or financial benefit that is received or is to be received in return for or in connection with services rendered or to be rendered."

Texas Government Code § 508.083 mandates that only an attorney, licensed in the State of Texas, may receive compensation for representing an offender, subject to the jurisdiction of the Texas Department of Criminal Justice.

Amount Of Compensation Received or Expected: \$ \_\_\_\_\_

Person Making the Compensation: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

**I hereby swear or affirm that the above information is true and correct, and furthermore, I hereby agree to immediately supplement this affidavit if any of the statements made herein are affected by a change in fee agreement, or arrangement, or factual conditions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SWORN AND SUBSCRIBED BEFORE ME, THE UNDERSIGNED AUTHORITY, UNDER PENALTY OF PERJURY, ON THIS**

**THE \_\_\_\_\_ DAY OF \_\_\_\_\_, A.D. 20 \_\_\_\_\_.**

Signature of Hearing Officer or Notary Public  
in and for the State of Texas

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