

# DEFENDER PROGRAM MEMBERSHIP FORM

Please provide the information requested below and return your completed membership form with appropriate payment to: NLADA, PO Box 79083, Baltimore, MD 21279-0083. Questions should be directed to Member Services at (202) 452-0620, ext 234 or 215.

### CONTACT DATA:

Organization HIDALGO COUNTY PUBLIC DEFENDER'S OFFICE  
 Contact Name JAIIME E. GONZALEZ Title CHIEF PUBLIC DEFENDER  
 Address 100 E. CANO, SUITE 206  
 City EDENBURG State TX Zip 78539  
 E-mail JIMMY.GONZALEZ@CO.HIDALGO.TX.US Website WWW.CO.HIDALGO.TX.US  
 Fax (956) 292-7049 Work Phone (956) 292-7040

**BUDGET INFORMATION** – (We cannot process your application without this information.)  
 Year: 2008  
 Total Annual Budget: \$ 669,931.00  
 Funding Sources: HIDALGO COUNTY & TEXAS TASK FORCE ON INDIGENT DEFENSE

**ORGANIZATIONAL DATA**  
 Please indicate the number of staff at your organization (all offices) in the categories below:  
 Attorneys: 6  
 Other Staff: 3  
 Total Staff: 9

### OFFICE INFORMATION:

What percent of your clients are indigent? 100% Do you charge indigent clients for services? NO  
 Types of cases handled (check all that apply):  Felony  Misdemeanor  Juvenile  Capital  Appeals  Mental Competency  Habeas Corpus  Post-Conviction  Other: \_\_\_\_\_  
 Type of office (check all that apply):  Public Defender:  Statewide  County  Judicial District  Federal  City  Local  Appellate  Private Contract  Assigned Counsel  Private Practice  Social Service Organization  Pro Bono  Law Clinic  Other: \_\_\_\_\_

### MEMBERSHIP SUBSCRIPTION FEES:

Select budget range below to determine annual program fee

Budget of Program	Full Program Fee
<input type="checkbox"/> Up to \$200,000:	\$220
<input type="checkbox"/> \$200,001 - \$400,000:	\$440
<input type="checkbox"/> \$400,001 - \$600,000:	\$770
<input type="checkbox"/> \$600,001 - \$1,000,000:	<u>\$1,100</u>
<input type="checkbox"/> \$1,000,001 - \$1,500,000:	\$1,925
<input type="checkbox"/> \$1,500,001 - \$2,000,000:	\$2,750
<input type="checkbox"/> \$2,000,001 - \$5,000,000:	\$3,575
<input type="checkbox"/> \$5,000,001 - \$10,000,000:	\$4,125
<input type="checkbox"/> \$10,000,001 or more:	\$4,375

### PAYMENT INFORMATION:

Check enclosed (payable to NLADA) in the amount of \$ \_\_\_\_\_  Purchase Order Enclosed  
 Charge to:  Visa  MasterCard Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**BRANCH OFFICE/ADDITIONAL CONTACTS INFORMATION:**

Full Program members can designate additional contacts (such as deputy chiefs) and branch offices to receive NLADA program member mailings. Please complete information below and/or attach a program roster as a separate page and return with your completed Membership Form. Please be sure to include available e-mail addresses for all contacts. Please photocopy this form as needed.

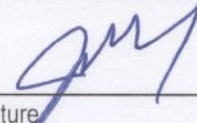
*All Branch Office/Additional Contacts will receive NLADA program member mailings.*

Branch Office Name                     N/A                      
Managing Attorney (or key contact) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Number of attorneys at this branch: \_\_\_\_\_

Branch Office Name \_\_\_\_\_  
Managing Attorney (or key contact) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Number of attorneys at this branch: \_\_\_\_\_

Branch Office Name \_\_\_\_\_  
Managing Attorney (or key contact) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Number of attorneys at this branch: \_\_\_\_\_

**SIGN & SUBMIT PAYMENT:**

JAIME E. GONZALEZ                      7/1/08                        
Chief Defender/Director                      Date                      Signature

\* New Program Member: The above organization hereby applies for a Defender Program Membership in the National Legal Aid & Defender Association. We understand that membership in good standing entitles us to all NLADA membership services, including eligibility for the NLADA Insurance Program. We are enclosing a brief description of our organization and other relevant material about our operations (i.e. Annual Report). \* Defender Program Membership in NLADA is subject to final approval by the Board of Directors.

Please make check payable to NLADA and mail to:

NLADA · PO Box 79083  
Baltimore, MD 21279-0083

Questions? Contact us at: 202-452-0620, ext. 234 or 215 · Send e-mail to: [membership@nlada.org](mailto:membership@nlada.org)  
FAX 202-872-1031 · [www.nlada.org](http://www.nlada.org)