



# DEFENDER PROGRAM MEMBER RENEWAL NOTICE

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

**Expiration Date: 8/31/2009**

**Please review and complete information below and return with payment:**

Member ID: 119452  
Organization: Hidalgo County Public Defender Office  
Contact Name: Jaime Gonzalez  
Contact Title: **CHIEF PUBLIC DEFENDER**  
Address 1: 100 E Cano Ste. 206  
Address 2:  
City, State, Zip: Edinburg TX 78539  
Phone: (956) 292-7040  
Web: **www.co.hidalgo.tx.us/**

Fax: **(956) 292-7049**  
E-mail: jimmy.gonzalez@co.hidalgo.tx.us

**BUDGET INFORMATION – (We cannot process your application without this information.)**

Year: 2009

Total Annual Budget: \$ 600,000

Funding Sources: TEXAS TASK FORCE  
ON INDIGENT DEFENSE.  
HIDALGO COUNTY, TX.

**ORGANIZATIONAL DATA**

Please indicate the number of staff at your organization (all offices) in the categories below:

Attorneys: 7

Other Staff: 3

Total Staff: 10

### OFFICE INFORMATION:

What percent of your clients are indigent? 100% Do you charge indigent clients for services? NO

Types of cases handled:  Felony  Misdemeanor  Juvenile  Capital  Appeals  Mental Competency  
 Habeas Corpus  Appellate  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: \_\_\_\_\_

### DEFENDER PROGRAM MEMBER RENEWAL FEES: Please select the appropriate subscription level below.

Budget of Program	Annual Subscription Fee
<input type="checkbox"/> Up to \$200,000:	\$220
<input type="checkbox"/> \$200,001 - \$400,000:	\$440
<input checked="" type="checkbox"/> \$400,001 - \$600,000:	\$770
<input type="checkbox"/> \$600,001 - \$1,000,000:	\$1,100
<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  AMEX Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**BRANCH OFFICE/ADDITIONAL CONTACTS INFORMATION:**

Full Program members can designate additional contacts 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:**

\_\_\_\_\_  
Chief Defender/Director (please print name)      Date      Signature

\* Please note: Must be a full program member to be eligible to obtain professional liability insurance through the NLADA Insurance Program.

Please make check payable to NLADA and mail to:

NLADA  
P.O. Box 79083  
Baltimore, MD 21279-0083

For Credit Card Payments, please FAX to: 202-872-1031

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