

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

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