

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 06.09.09	Submitted By: Laura Johnson
Court Agenda Date: 06.23.09	For: County Attorney Office
	Phone Number: 4556

SUMMARY OF ITEM: Approve reimbursement to Assistant County Attorney for fee paid to practice in Federal Court. Funding source: 100475100-63000

RENEWAL AGREEMENT/APPOINTMENT YES NO
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES X NO

List Supporting Documents Attached:

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

FUNDNG SOURCE: Accounting Unit: _____ Account Number: _____
Activity (If Applicable): _____

DESCRIPTION OF LAWSOM ACCOUNT: _____

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:
Original Form Submitted with back up to County Judge's Office (✓ when completed)
If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input checked="" type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Environmental Health Department	<input type="checkbox"/> County Treasurer

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify): Please call Laura @ x 4556 for pick up of check.

FORT BEND COUNTY AUDITOR
ACCOUNTS PAYABLE
County Auditor Form 1016
(Rev. 11/07)

INVOICE TRANSMITTAL

Account # (19 digit)
100475100
Account # (19 digit)
63000
Grants & Benefits (if needed)
Account # (19 digit)

Vendor #	18172				
Vendor Name	Jason Dizon, Asst. C. A.				
Address					
City					
State		Zip Code		Date	6.9.09

Invoice #/Invoice Date/Desc
receipt # 4 602045
reimburse for fee paid

Amount
150.00
Total 150 ⁰⁰ .

County Auditor's Use Only	
CC Approval Date	_____
Check Type	_____
Audited By	_____
Received	
Paid	

Law Johnson
Authorized Department Approval

Treasurer's Register Stamp and Number

AS PER ORIGINAL

Mon Jun 1 11:00:38 2009

UNITED STATES DISTRICT COURT

HOUSTON , TX

Receipt No. 4 602045
Cashier andyg

Check Number: 1024

DO Code Div No
4679 4

Sub Acct	Type	Tender	Amount
1:005000	N	2	20.00
2:510000	N	2	138.00

Total Amount \$ 158.00

JASON DIZON

ATTY ADM FEE

bn

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF TEXAS

MICHAEL N. MILBY
CLERK OF COURT
P.O. BOX 61010
HOUSTON, TEXAS 77208

(713) 250-5041
Fax (713) 250-5441
www.txs.uscourts.gov

June 5, 2009

Jason E. Dizon
Fort Bend County Attorney's Office
301 Jackson Street., Ste 728
Richmond, TX 77469

Dear Applicant,

Your application for admission to practice before the bar of the Southern District of Texas has been accepted. Your receipt for the \$150.00 fee is attached.

You are scheduled to attend our next workshop, which will be held **Thursday, August 06, 2009**. The workshop begins at 12:45 p.m. and will last approximately 2-1/2 hours. We will send you a reminder letter before the workshop. Our workshops are held at:

Bob Casey Federal Courthouse
6th Floor Jury Assembly Room
515 Rusk Street
Houston, Texas 77002

If you have any questions, please call **Patricia Williams at 713-250-5156**

Sincerely yours,

MICHAEL N. MILBY, CLERK

By 
Deputy Clerk

Application to Practice

United States District Court for the Southern District of Texas

1. Name: Jason E. Dizon Birth Date: [REDACTED]
2. Home address: [REDACTED]
3. Telephone: [REDACTED]
4. Firm name: Fort Bend County Attorney's Office
5. Firm address: 301 Jackson Street, Suite 728, Richmond, TX 77469
6. Identify a state bar of which you are admitted.
Texas Number: 24003910
7. Identify a United States District Court bar of which you are a member.
District: N/A Number: _____
8. Please list certifications: _____
9. Have you ever been the subject of discipline by a court or bar? Yes No
If yes, please attach a description and a copy of the final disposition.
10. Attach a copy of any conviction of a misdemeanor involving moral turpitude or any felony.
11. If you responded to item nine or ten, attach all information you feel would assist the court in determining your fitness to practice law in this district.
12. List two members of this court's bar who will state that (a) they are not related to you; (b) they have known you for at least twelve months or otherwise know you well; (c) they have read this application; and (d) they believe your legal competence and character to be good.

A. Reference's name, office address, state bar number and telephone number:

[REDACTED]

B. Reference's name, office address, state bar number and telephone number:

[REDACTED]

Subscribed under penalty for perjury.

Jason E. Dizon
Applicant

5/29/08
Date