



**DEFENSE ATTORNEY AGREEMENT
FOR USE OF THE
HOOD COUNTY ONLINE CASE SEARCH (HCOCS)**

I certify that I have read and understand the **TERMS & CONDITIONS FOR USE OF THE HOOD COUNTY ONLINE CASE SEARCH (HCOCS) BY DEFENSE COUNSEL.**

I understand it is my responsibility to:

1. Notify the Hood County Attorney’s Office that I am counsel of record for each defendant I represent before I have online access to cases.
2. Review my cases’ discovery through HCOCS.
3. Review discovery prior to any court hearings, status conferences or trials for any additions or updated information.
4. Schedule an appointment to review any physical evidence or any evidence not available online.
5. Request a copy of any DVD/video if it is not available online.
6. Advise the Hood County Attorney’s Office if I believe information is missing or incomplete.
7. Notify the Hood County Attorney’s Office via email if there are any problems with access to the HCOCS.
8. Change my password from the temporary HCA2014.
9. Immediately change my password and notify the Hood County Attorney’s Office if I believe my password has been compromised.

I understand I may NOT:

1. Disclose any information to any person not authorized under Art. 39.14 unless by Court Order.
2. Allow a defendant, witness, or prospective witness to view any document or any witness statement of another **unless I first redact** all personal identifying information from the document or witness statement as provided under Art. 39.14.
3. Provide a copy of any information to a defendant other than a copy of his own statement.
4. Provide a copy of any information to a witness other than a copy of the witness’s own statement.

I agree to abide by the terms and conditions and hereby request a password for access to the system.

Defense Attorney

Date

Bar Card Number

Attorney’s email address

FOR USE BY HOOD COUNTY ATTORNEY’S OFFICE ONLY			
DATE SET UP IN SYSTEM:		BY:	