

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

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IN THE 97<sup>TH</sup> DISTRICT COURT

VS.

OF

\_\_\_\_\_ COUNTY, TEXAS

**AFFIDAVIT OF INABILITY TO EMPLOY A LAWYER**

On this day, I, the undersigned defendant having been advised by the Court or Magistrate of my right to representation by a lawyer in the trial of the charge(s) pending against me in this county, I hereby certify that I am too poor to employ a lawyer of my own choosing and hereby request the Court to appoint an attorney for me in the pending case(s) in this county. I do not have sufficient property to sell, mortgage or lease to hire a lawyer and I am unable to employ any lawyer; and I have no relatives or family members who are able to assist me in employing a lawyer of my choice.

The information below may be filled in by the Defendant or a Peace Officer/Jailer:

Offense(s):	Felony(F) or Misdemeanor (M) and Degree of Offense	County
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____

- Defendant has been in custody since \_\_\_\_\_, and is now located at the County/City Jail in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.
- Defendant has made bond of \$ \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
By Bond Company/Bondsman's Name: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY CAN RESULT IN DENYING COURT APPOINTED ATTORNEY. PLEASE MAKE SURE TO SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC, AND RETURN THE FORM TO:**

97<sup>TH</sup> DISTRICT COURT COORDINATOR  
MAILING ADDRESS : P.O. BOX 167, MONTAGUE, TEXAS 76251  
FAX: 940-894-2560  
EMAIL: 97thcoordinator@gmail.com

**DECLARATION OF INABILITY TO HIRE COUNSEL (Answer all questions!)**

1. Name: **(Print full legal name)** \_\_\_\_\_ Age: \_\_\_\_\_
2. Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Number of Children under 18 - Living with you: \_\_\_\_\_ Living Elsewhere: \_\_\_\_\_
6. Are you currently employed/unemployed: \_\_\_\_\_
7. Current Employer & Address: \_\_\_\_\_
8. Work Phone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_
9. How long have you worked there? \_\_\_\_\_ Date of last paycheck: \_\_\_\_\_
10. Amount of last paycheck: \$ \_\_\_\_\_ Wages Per Hour \$ \_\_\_\_\_
11. How Often Paid - Weekly - Bi-Weekly - Monthly **(Circle which applies)**
12. Average TOTAL monthly income from all sources: \$ \_\_\_\_\_
13. Average TOTAL income of spouse/significant other: \$ \_\_\_\_\_
14. Identify and list any all other sources of income  
Not considered in question 12 and 13 (including Child Support, allowances, Social Security, Pension, Spousal Support, Etc...)  
\$ \_\_\_\_\_  
TOTAL VALUE of 12 through 14: \$ \_\_\_\_\_
15. Total of cash on hand, checking accounts, savings accounts, stocks, mutual funds, etc. \$ \_\_\_\_\_
16. Make, model and year of automobile(s) \_\_\_\_\_
17. Value of automobile, less amount owed \$ \_\_\_\_\_
18. Total monthly vehicle payments: \$ \_\_\_\_\_
19. Value or real estate owned less amount owed: \$ \_\_\_\_\_  
(other than family residence)
20. Monthly rent or house payment: \$ \_\_\_\_\_
21. Total monthly utilities: \$ \_\_\_\_\_
22. I have talked to the following attorney(s) about my case(s): \_\_\_\_\_
23. What fee(s) did the attorney(s) quote you? \$ \_\_\_\_\_
24. If out on bond, who paid for your bond? \_\_\_\_\_ Relationship: \_\_\_\_\_
25. Amount paid to get out of jail \$ \_\_\_\_\_
26. At time of arrest, if arrested with others, list their names: \_\_\_\_\_

I certify the above financial affidavit to be correct and further certify I have been advised of my right to representation by counsel for the charges(s) and/or case listed above pending against and I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify the interests of justice require court-appointed representation for me before this Court.

I understand if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00).

**SIGNED** the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Defendant

**SWORN TO AND SUBSCRIBED BEFORE ME**, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge, Magistrate, Notary Public, Clerk of Court