



**REQUEST FOR APPOINTMENT OF COUNSEL  
BEXAR COUNTY, TEXAS**

Cause Number	Charge

Defendant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Common Law \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widow \_\_\_

No. of Dependents \_\_\_\_\_

With whom do you live with \_\_\_\_\_ Relationship: \_\_\_\_\_

Can Family hire an attorney: Yes \_\_\_ or No \_\_\_ Can you afford to hire an attorney: Yes \_\_\_ or No \_\_\_

Employed \_\_\_ Unemployed \_\_\_ Retired \_\_\_ Student \_\_\_ Other \_\_\_\_\_

Employer Name: \_\_\_\_\_

Reference Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Reference Phone Number \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of Employment: \_\_\_ Year \_\_\_ Month \_\_\_ Week

**Financial Information**

Income	Amount	Expenses	Amount
Defendant wages(Weekly)		House Payment/Rent	
Spouses Wages(Weekly)		Auto Payment	
Welfare		Utilities( includes Electric, Water, and Cable)	
Social Security/Disability		Auto Insurance	
Child Support		Telephone	
Rental Income		Child support	
Government Food Stamps		Food Bill	
Savings/Checking Account		Alimony	
		Other	

Remarks: \_\_\_\_\_

I have been advised of my right to representation by counsel in the trial of the charge(s) pending against me, I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear or affirm that the above information is true and correct.

\_\_\_\_\_  
Defendant Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Please fax completed application to 210-335-6198**