

**INDIGENT ATTORNEY APPOINTMENT
AFFIDAVIT**

State of Texas
County of Bexar

Referral Nbr:
Re: _____
(Name of Child)

_____, (Affiant's Name), being duly sworn, deposes and says:

I hereby state the information provided is as accurate as possible. I have been advised of my child's right to representation by counsel in the trial of the charge(s) pending against him/her. I certify that I am without the means to employ counsel for my child and I hereby request the court to appoint counsel for my child. I swear or affirm that the above information I have provided is true and correct to the best of my knowledge. The State of Texas may place a lien on my property in order to pay for the cost of my child's attorney. By signing this affidavit I authorize the Pretrial Services Office to run a credit report verifying the date provided on my financial affidavit.

ATTORNEY NAME
ADDRESS
SAN ANTONIO, TX 78200-0000
TELEPHONE NUMBER

THE ABOVE NAMED INDIVIDUAL HAS BEEN SELECTED AS THE
ATTORNEY FOR YOUR CHILD. YOUR CHILD SHOULD BE CONTACTED BY THE ATTORNEY NOT LATER
THAN THE END OF THE FIRST WORKING DAY AFTER APPOINTMENT

Signed on this the _____ day of _____, _____.

Affiant's Signature

Print Name of Affiant

Subscribed and Sworn to before me, a Notary Public in and for the State of Texas on this the _____ day of _____, _____.

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

NOTE: (Spanish speaking parents will be given a copy of the affidavit in Spanish in addition to the English version. The Spanish version will be provided to ensure Spanish speaking affiants understand what they are signing.)