

**APPLICATION TO BE PLACED ON PUBLIC APPOINTMENT LIST
BRAZOS COUNTY, TEXAS**

Name		Bar Card No.	
Name of Law Firm		Date of Birth	
Physical Office Address	Street	Suite No.	
	City	Zip + 4	
Office Mailing Address	P.O. Box		
	City	Zip + 4	
Office Telephone No.	() -	Office FAX No.	() -
Mobile Telephone No.	() -	Pager No.	() -
E-Mail Address			

Mark each public appointment list on which you want to be placed:

<input type="checkbox"/> Misdemeanor List	<input type="checkbox"/> Other Felony List	<input type="checkbox"/> 3g/Enhanced Felony List
<input type="checkbox"/> Capital Felony List	<input type="checkbox"/> Appellate List	

Please answer the following questions by marking the box in the appropriate column. (Attach additional sheet to provide any necessary explanation or request waiver)	YES	NO
Have you been the recipient of any public disciplinary action by the State Bar of Texas or any other attorney licensing authority of any state or the United States within the last five (5) years?		
Do you have an appeal pending of any State Bar of Texas sanction?		
Are you now delinquent in the payment of any obligations to the State Bar of Texas, or to any taxing authority, including Brazos County, the State of Texas, and the United States?		
Are you now delinquent in the payment of any child support obligations?		
Are your FAX machine and telephone capable of receiving information 24 hours per day?		
Within the last ten (10) years, have you ever been convicted or placed on deferred adjudication for any offense other than a class C traffic offense?		
Are you currently under indictment or charged for a criminal offense other than a class C traffic offense?		
In the last ten years, have you ever been denied admittance to the bar by any state licensing authority?		
Do you represent any governmental entity as a judge or attorney? If so, please list:		
Have you ever been sanctioned for failure to appear before a court?		

Please answer the following questions. (Attach additional sheet to provide any necessary explanation or request waiver)	
How many years have you actively practiced criminal law?	
How many criminal jury trials have you tried to a verdict as lead counsel?	
How many hours of continuing legal education instruction have you attended in the area of criminal law before making this application?	
Are you currently certified in criminal law by the Texas Board of Legal Specialization?	
If applying for Appellate List, in how many criminal cases have you acted as counsel on appeal?	

I, the undersigned attorney, declare that the statements made in this application are true and correct. I further declare that I have read the Brazos County Indigent Defense Plan and will comply with all requirements of that plan.

Attorney's Signature: _____ Date: _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, by the above stated person on this ____ day of _____, 20____.

NOTARY'S SIGNATURE: _____



WARNING BY MAGISTRATE

WARNING #: _____

THIS IS TO CERTIFY THAT I, _____, ACTING AS AND IN THE CAPACITY OF MAGISTRATE DID, ON THE ____ DAY OF _____, 201__ AT _____ O'CLOCK AM / PM ADMINISTER THE WARNINGS REQUIRED BY ARTICLE 15.17 OF THE TEXAS CODE OF CRIMINAL PROCEDURE TO:

NAME: _____
ADDRESS: _____
PHONE: _____

PID NO.: _____
DOB(AGE): _____

WHO APPEARED BEFORE ME IN BRAZOS COUNTY, TEXAS. SPECIFICALLY, I INFORMED THIS PERSON AS FOLLOWS:

1. THE ACCUSATION AND ANY AFFIDAVIT CHARGES YOU WITH THE OFFENSE(S) OF:

WARRANT NUMBER	CHARGE	BOND AMOUNT	BOND TYPE	WARNING #

- 2. IF YOU ARE CHARGED WITH ANY FELONY OFFENSE, YOU HAVE THE RIGHT TO AN EXAMINING TRIAL.
- 3. YOU HAVE THE RIGHT TO REMAIN SILENT AND MAKE NO STATEMENT AT ALL. IF YOU DO MAKE A STATEMENT SUCH STATEMENT MAY BE USED AGAINST YOU AS EVIDENCE AT YOUR TRIAL.
- 4. IF YOU CHOOSE TO MAKE A STATEMENT, YOU MAY TERMINATE THE INTERVIEW AT ANY TIME.
- 5. YOU HAVE THE RIGHT TO HAVE AN ATTORNEY PRESENT TO ADVISE YOU PRIOR TO AND DURING ANY QUESTIONING OR INTERVIEW WITH PEACE OFFICERS OR ANY ATTORNEYS REPRESENTING THE STATE.
- 6. IF YOU ARE UNABLE TO EMPLOY AN ATTORNEY, YOU HAVE THE RIGHT TO HAVE AN ATTORNEY APPOINTED TO COUNSEL WITH YOU PRIOR TO AND DURING ANY SUCH QUESTIONING OR INTERVIEW.
- 7. IF YOU WISH TO REQUEST A COURT APPOINTED ATTORNEY:
 - a. YOU MUST COMPLETE A WRITTEN APPLICATION UNDER OATH FOR A COURT-APPOINTED ATTORNEY.
 - b. THE APPLICATION MUST CONTAIN SUFFICIENT FINANCIAL INFORMATION TO ENABLE THE JUDGE TO DETERMINE IF YOU ARE INDIGENT.
 - c. THE APPLICATION MUST BE MADE UNDER OATH AND YOU MUST PROVIDE PROOF OF INCOME/GOVERNMENT BENEFITS.
 - d. REASONABLE ASSISTANCE WILL BE PROVIDED TO HELP YOU COMPLETE THE APPLICATION, IF NEEDED.
- 8. ANY REQUEST FOR A COURT APPOINTED ATTORNEY WILL BE DETERMINED WITHIN THREE (3) WORKING DAYS AFTER THE REQUEST IS RECEIVED BY ASSOCIATE JUDGE 1, BRAZOS COUNTY, TEXAS.
- 9. IF YOU BOND OUT OF JAIL WITHIN THREE (3) WORKING DAYS, YOU MUST COMPLETE A NEW APPLICATION WITH THE ASSOCIATE JUDGE 1 DURING NORMAL BUSINESS HOURS. ASSOCIATE JUDGE 1 IS LOCATED AT 300 EAST 26TH STREET, BRYAN, TEXAS, TELEPHONE (979) 361-4540.
- 10. IF YOU ARE FOUND TO BE INDIGENT AND AN ATTORNEY IS APPOINTED, THE ATTORNEY WILL ATTEMPT TO CONTACT YOU BY THE END OF THE NEXT WORKING DAY AFTER BEING APPOINTED AND WILL INTERVIEW YOU AS SOON AS PRACTICABLE.

THE ACCUSED DOES / DOES NOT WANT TO REQUEST A COURT APPOINTED ATTORNEY.

THE ACCUSED HAS / HAS NOT COMPLETED AN AFFIDAVIT IN SUPPORT OF COURT APPOINTED ATTORNEY.

THE ACCUSED HAS OUT OF COUNTY CASES PENDING AND IS / IS NOT REQUESTING A COURT APPOINTED ATTORNEY. (MUST COMPLETE APPLICATION)

- 11. UNITED STATES CITIZEN YES NO COUNTRY WHERE YOU ARE A CITIZEN: _____
- 12. IF YOU ARE NOT A UNITED STATES CITIZEN, ARE YOU REQUESTING THE CONSULATE OF YOUR COUNTRY BE NOTIFIED? YES NO
- 13. AS A CONDITION OF RELEASE, DEFENDANT IS TO COMPLY WITH THE FOLLOWING:
 - a. CONDITIONS OF BOND (CONDITIONS ATTACHED)
 - b. INTERLOCK TO BE INSTALLED WITHIN 30 DAYS (MANDATORY FOR ALL FELONY AND DWI-2ND OFFENSES)
 SCRAM Soberlink Smart Start In-Hom GPS Other _____
- 14. THE COURT FINDS THAT PROBABLE CAUSE DOES / DOES NOT EXIST IN THIS MATTER.

SIGNED ON THE _____ DAY OF _____, 201__.

WITNESSES: _____

DEFENDANT: _____

Distribution: ___ Court ___ Defendant ___ Magistrate ___ Jail

JUSTICE OF THE PEACE, PRECINCT _____

AVISO DEL MAGISTRADO

AVISO # _____

EL ESTADO DE TEXAS

CONDADO DE BRAZOS, TEXAS

POR MEDIO DEL SIGUIENTE CERTIFICO QUE YO _____, ACTUANDO Y EN LA CAPCIDAD DE MAGISTRADO, EL MES _____ DIA _____, 201__ A LAS _____ AM/PM Y LE INFORMO DE LA ADVERTENCIA ADECUADA EN EL ARTICULO 17.17 CÓDIGO DEL PROCEDIMIENTO PENAL:

NOMBRE: _____
DIRECCIÓN: _____
TELÉFONO: _____

PID NO.: _____
FECHA DE NACIMIENTO (EDAD) _____

QUIEN APARECIÓ ANTE MÍ EN EL CONDADO DE BRAZOS, TEXAS, A QUIEN ESPECÍFICAMENTE LE INFORMÉ DE LO SIGUIENTE:

1. LA ACUSACIÓN Y CUALQUIER OTRA ACTA JURADA POR ESCRITO LO ACUSA DEL SIGUIENTE DELITO (S):

Table with 5 columns: ORDEN JUDICIAL, DELITO, FIANZA, TIPO DE FIANZA, AVISO #

- 2. SI A USTED SE LE ACUSA DE CUALQUIER DELITO MAYOR, USTED TIENE EL DERECHO A UN JUICIO PARA DETERMINAR LAS PRUEBAS.
3. TIENE EL DERECHO DE PERMANECER EN SILENCIO Y NO HACER DECLARACIONES. CUALQUIER DECLARACIÓN PUEDE SER Y SERÁ USADA COMO PRUEBA EN CONTRA DE USTED EN SU JUICIO.
4. PUEDE TERMINAR CON LA ENTREVISTA EN CUALQUIER MOMENTO, SI DECIDE HACER UNA DECLARACIÓN.
5. ANTES O DURANTE CUALQUIER INTERROGATORIO O ENTREVISTA, CON LOS OFICIALES O FISCALES DEL ESTADO, USTED TIENE DERECHO DE TENER UN ABOGADO PRESENTE QUE LO ACONSEJE LEGALMENTE.
6. USTED TIENE DERECHO A QUE SE LE ASIGNE UN ABOGADO, QUE LO ACONSEJE SI USTED NO PUEDE EMPLEAR UNO. ANTES O DURANTE CUALQUIER INTERROGATORIO O ENTREVISTA.
7. SI DESEA SOLICITAR UN ABOGADO DESIGNADO POR EL ESTADO:
a. DEBE COMPLETAR UNA APLICACIÓN ESCRITA, BAJO JURAMENTO PARA QUE SE LE ASIGNE UN ABOGADO.
b. ES NECESARIO QUE HAYA SUFICIENTE INFORMACIÓN FINANCIERA, PARA QUE EL JUEZ DETERMINE SI USTED ES INDIGENTE.
c. LA APLICACIÓN SERÁ ENTREGADA BAJO JURAMENTO Y CON SU COMPROBANTE DE INGRESOS/ASISTENCIA QUE RECIBA DEL GOBIERNO.
d. ASISTENCIA RAZONABLE SERÁ PROPORCIONADA, PARA COMPLETAR SU APLICACIÓN SI ES NECESARIO.
8. PUEDE SOLICITAR QUE SE LE ASIGNE UN ABOGADO, ENTONCES SE HARÁ UNA DETERMINACIÓN EN TRES (3) DÍAS HÁBILES, DESPUÉS DE QUE SEA RECIBIDA LA PETICIÓN.
9. SI USTED SALE DE LA CÁRCEL BAJO FIANZA EN TRES (3) DÍAS HÁBILES, DEBERÁ COMPLETAR UNA APLICACIÓN CON EL JUEZ ASOCIADO NO. 1 DURANTE LAS HORAS NORMALES DE TRABAJO. EL JUEZ ASOCIADO NO. 1 SE ENCUENTRA EN LA DIRECCIÓN 300 EAST 26TH STREET, BRYAN TEXAS, NUMERO DE TELÉFONO (979)361-4540.
10. SI SE DETERMINA QUE USTED ES INDIGENTE, SE LE ASIGNARÁ UN ABOGADO. EL INTENTARA CONTACTARLO A FINALES DEL PRÓXIMO DÍA HÁBIL DESPUÉS DE SER ASIGNADO Y LO ENTREVISTARA TAN PRONTO LE SEA POSIBLE.

EL ACUSADO [] DESEA [] NO DESEA SOLICITAR QUE SE LE ASIGNE UN ABOGADO.

EL ACUSADO [] COMPLETO [] NO HA COMPLETADÓ UNA APLICACIÓN PARA QUE SE LE ASIGNE UN ABOGADO

EL ACUSADO TIENE CASOS PENDIENTES EN OTRO CONDADO Y [] SÍ DESEA [] NO DESEA UN ABOGADO ASIGNADO DE LA CORTE (DEBE DE COMPLETAR LA SOLICITUD PERTINENTE)

- 11. EL TRIBUNAL JUZGA QUE [] SI EXISTE O [] NO EXISTE SUFICIENTE CAUSA PENAL
12. ¿CIUDADANO DE LOS E.E.U.U.? [] SI [] NO ¿USTED ES CIUDADANO DE QUÉ PAÍS? _____
13. COMO CONDICIÓN DE ESTAR EN LIBERTAD EL ACUSADO TENDRÁ QUE CUMPLIR CON LO SIGUIENTE
a. CONDICIONES DE FIANZA (CONDICIONES ADJUNTAS)
b. EL DISPOSITIVO QUE IMPIDE QUE EL MOTOR ARRANQUE SERÁ DENTRO DE 30 DÍAS (ES OBLIGATORIO EN TODOS LOS DELITOS GRAVES DE SEGUNDO GRADO Y POR CONDUCIR UN VEHÍCULO EMBRIAGADO POR SEGUNDA VEZ)
[] SCRAM [] Soberlink [] Smart Start In-Hom [] GPS [] Otro _____
14. SI USTED NO ES CIUDADANO ESTADOUNIDENSE DESEA QUE SE NOTIFIQUE A SU CONSULADO [] SÍ O [] NO?

FIRMADO EL _____ DE _____ DEL 20 _____

TESTIGO: _____

DEL ACUSADO: _____

DISTRIBUIDO _____ TRIBUNAL _____ ACUSADO _____ MAGISTRADO _____ CÁRCEL _____

JUEZ DE PAZ, DISTRITO _____

INCARCERATED yes no

ICE Hold yes no

Citizenship: yes no Primary Language: _____

Veteran yes No

Receive Mental Health Services yes no

Under 17 years of age and in CPS custody? yes no

AFFIDAVIT IN SUPPORT OF COURT APPOINTED ATTORNEY

Answer every question completely. If the question does not apply to you, place a N/A in the blank. Incomplete applications will be DENIED. If you need assistance, notify the person in charge of taking this application. To determine indigency, you MUST provide supporting documents (payroll stubs, proof of government assistance and other supporting documentation at your first court appearance. A finding of indigence will not be determined without supporting documentation.

Offense	Offense Date	Arrest Date	County Where Case is Pending	Warrant/Cause #

Personal Information:

Last name: _____ First Name: _____ Middle: _____

Mailing Address: _____ Date of Birth: _____

Home Phone No. _____ Cell Phone No. _____ Email: _____

Employment Information:

Employer: _____ Hourly Rate: _____ Hours Per Week: _____

Do you have friends or relatives from which you can borrow money for an attorney within the next 60 days? yes no

Do you own any property that you could sell or use as collateral? yes no If yes, approximate value: \$ _____

If unemployed, explain how you pay for basic necessities. _____

If supported by family, provide family income information below: _____

Size of Family Unit (Members of immediate family that you have a legal obligation to financially support).

Name	Age	Relationship	Employed <input type="checkbox"/> yes <input type="checkbox"/> no	Hourly Rate	Hours per week
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		

MONTHLY INCOME	AMOUNT	EXPENSES	AMOUNT	ASSETS	VALUE
Your Salary		Rent/Mortgage		Cash on Hand	
Spouse's Salary		Car Payment / Fuel		Stocks, Bond, Investments	
TANF/AFDC		Insurance		Savings/Checking	
SSI		Utilities		Livestock	
SSDI		Medical Expenses		Retirement Accounts	
Medicaid		Credit Cards		Jewelry, Firearms, Collectibles	
Child Support		Child Support		Available Credit	
Other Income		Court Obligations		Whole Life Insurance	
EXPENSES		School tuition		Real Estate	
Telephone		Alcohol/Cigarettes		Vehicle	
Clothing		Other		Other	
Food					

I have been advised of my right to representation for the charge(s) pending against me. I certify that I am unable to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court, in writing, of any changes in my financial situation. ALL INFORMATION IS SUBJECT TO VERIFICATION. FALSIFICATION OF INFORMATION IS A CRIMINAL OFFENSE.

Defendant's Signature: _____

Date: _____

Received by Deputy/Staff: _____

Date: _____

Defendant stated he wanted to apply for court appointed counsel. However, defendant refused to complete the application was unable to complete the application due to language other: Explain _____

Spanish CAAT Application

ENCARCELADO Si No Detención de ICE (inmigración) Si No Ciudadanía: Si No Idioma principal _____
 Veterano Si No Recibe servicios de salud mental Si No Menor de 17 años y bajo custodia de Servicio Social de Menores? Si No

DECLARACIÓN JURADA EN APOYO DE UN ABOGADO DESIGNADO POR EL TRIBUNAL

Responda todas las preguntas por completo. Si la pregunta no se aplica a usted, coloque un N/A en el espacio en blanco. Las solicitudes incompletas serán DENEGADAS. Si necesita ayuda, notifique a la persona encargada de tomar esta solicitud. Para determinar la indigencia, DEBE proporcionar documentos de respaldo (recibo de sueldo, prueba de asistencia del gobierno y otra documentación de respaldo en su primera comparecencia ante el tribunal). No se determinará un hallazgo de indigencia sin documentación de respaldo.

Ofensa	Fecha de la ofensa	Fecha de arresto	Condado donde el caso está pendiente	Orden de Arresto/Causa #

Información personal:

Apellido: _____ Nombre: _____ Segundo: _____
 Dirección para correspondencia: _____ Fecha de nacimiento: _____
 Teléfono de la casa No. _____ Teléfono celular No. _____ Correo electrónico: _____

Información de empleo:

Empleador: _____ Tarifa por hora: _____ Horas por semana: _____
 ¿Tiene amigos o familiares a los que puede pedir dinero prestado para un abogado dentro de los próximos 60 días? Sí No
 ¿Posee alguna propiedad que pueda vender o usar como garantía? Sí No En caso afirmativo, valor aproximado: \$ _____
 Si está desempleado, explique cómo paga las necesidades básicas. _____
 Si es mantenido por la familia, proporcione la información de ingresos familiares a continuación: _____

Tamaño de la unidad familiar (miembros de la familia inmediata a los que tiene la obligación legal de apoyar económicamente).

Nombre	Edad	Relación	Empleado Sí <input type="checkbox"/> No <input type="checkbox"/>	Tarifa por hora	Horas por semana
			Sí <input type="checkbox"/> No <input type="checkbox"/>		
			Sí <input type="checkbox"/> No <input type="checkbox"/>		
			Sí <input type="checkbox"/> No <input type="checkbox"/>		
			Sí <input type="checkbox"/> No <input type="checkbox"/>		

INGRESOS MENSUALES	CANTIDAD	EXPENSAS	CANTIDAD	ACTIVO	VALOR
Tu salario		Alquiler/Hipoteca		Efectivo disponible	
Salario del cónyuge		Pago del coche / Combustible		Acciones, Bonos, Inversiones	
TANF/AFDC		Seguro		Cuenta de Ahorros/Cuenta de Cheques	
SSI		Utilidades		Ganado	
SSDI		Gastos Médicos		Cuentas de jubilación	
Medicaid		Tarjetas de crédito		Joyas, Armas de fuego, Coleccionables	
Manutención de los hijos		Manutención de los hijos		Crédito disponible	
Otros ingresos		Obligaciones judiciales		Seguro de Vida Entera	
EXPENSAS		Matrícula escolar		Bien inmueble	
Teléfono		Alcohol/Cigarrillos		Vehículo	
Ropa		Comida		Otro	

Se me ha informado de mi derecho a ser representado por los cargos pendientes en mi contra. Certifico que no puedo contratar a un abogado de mi propia elección y por la presente solicito al tribunal que me designe un abogado. Juro que la información anterior es verdadera y correcta. La información que enumeré es precisa y notificaré inmediatamente al tribunal, por escrito, de cualquier cambio en mi situación financiera. TODA LA INFORMACIÓN ESTÁ SUJETA A VERIFICACIÓN. LA FALSIFICACIÓN DE INFORMACIÓN ES UN DELITO PENAL.

Firma del demandado: _____ Fecha: _____

Recibido por el Adjunto/Personal: _____ Fecha: _____

El acusado declaró que quería solicitar un abogado de oficio. Sin embargo, el demandado se negó a completar la solicitud No pudo completar la solicitud debido a Idioma Otro: Explique _____

NO. _____

THE STATE OF TEXAS

VS

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IN THE 85th/272nd/361st DISTRICT COURT

COUNTY COURT AT LAW NO. 1/2

BRAZOS COUNTY, TEXAS

INDIGENT DEFENSE REPORT

On this date, a request for court appointed counsel was received by the Brazos County Indigent Defense Office from the above-listed defendant. After reviewing the information provided in the Defendant's Affidavit in Support of Appointing Attorney, counsel was not appointed one of the reasons listed below. If an application is denied, the defendant may reapply by contacting the Brazos County Indigent Defense Office in person at 300 East 26th Street, Suite 2106 Bryan, Texas or telephone (979) 361-4540 during the hours of 8:00 a.m.-11:30 a.m. and 2:00 p.m.-5 p.m., Monday through Friday, to submit an application. An application may also be emailed to AC1@brazoscountytexas.gov. All applications will be reviewed and ruled upon within 72 hours of receipt.

_____ a finding was made that the defendant is not indigent.

_____ Defendant indicated a desire to request a court appointed attorney on the Warning by Magistrate but failed to complete an application for review. Because proper documentation was not forwarded to the Brazos County indigent Defense Office for review, defendant's request is denied at this time. Defendant, if incarcerated, may submit an application through the Brazos County Sheriff's Department. If not incarcerated, the defendant may contact the Brazos County Indigent Defense Office as per instructions above.

_____ Due to a material change in circumstances, the request is denied at this time. However, the defendant may contact the Brazos County Indigent Defense office as per instructions above.

_____ Defendant no longer desires court appointed counsel because Defendant retained counsel.

_____ Defendant was appointed _____ on _____ Attorney Telephone: _____

_____ A determination as to indigency could not be made because Defendant did not answer each question completely. Specifically, defendant did not explain how basic necessities are provided and/or did not provide all means of income. Please note: any defendant relying on another person for support, must provide that person's financial information.

_____ Defendant is not entitled to court appointed attorney for one or more of the following matters: (1) parole violation, (2) municipal or justice of the peace offense(s), (3)immigration matters, (4) civil/child support matters and/or (5) failure to serve jail time or capias pro fines.

Dana Zachary
DANA L. ZACHARY
Judge, Indigent Defense Office

Date: _____

Offense(s): _____

Released: _____

No. _____

THE STATE OF TEXAS

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IN THE 85TH/272ND/361ST DISTRICT

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COUNTY COURT AT LAW 1 / 2 OF

)

BRAZOS COUNTY, TEXAS

MOTION FOR COURT APPOINTED ATTORNEY'S FEES / APPROVAL

The undersigned was appointed by the Court in the above entitled and captioned cause and requests the following compensation and reimbursement for expenses incurred on behalf of the defendant/respondent.

CHECK THE CASE TYPE BELOW (FOR MULTIPLE CASES, WRITE THE NUMBER OF CASES FOR EACH TYPE.)

ADULT CRIMINAL CASE

- _____ Misdemeanor (A4)
- _____ Felony (A3)
- _____ Appeal (A2)
- _____ No Charges Filed (A1)

JUVENILE CASE

- _____ Adj/Disp/Cert Hrg/Trial (J3)
- _____ Appeal (to court of Appeals) (J2)
- _____ No charges filed (J1)

CIVIL CASE

- _____ CPS (C9)
- _____ Child Support Enforce (C9)
- _____ Mental (C9)
- _____ Other (C9)

AMOUNT	DESCRIPTION	FOR AUDITOR USE
		PROJECT
\$ _____	FIXED FEE BASIS	1
\$ _____	RATE BASIS (ITEMIZED STATEMENT ATTACHED)	1
\$ _____	EXPENSES (ITEMIZED STATEMENT ATTACHED)	2
\$ _____	INVESTIGATIONS (ITEMIZED STATEMENT ATTACHED)	3
\$ _____	EXPERT TESTIMONY (ITEMIZED STATEMENT ATTACHED)	4
\$ _____	TOTAL AMOUNT REQUESTED	
	DIV# 1101000	Acct# 72

The above is true and correct to the best of my knowledge. I have made no other claim for payment for recent services to this defendant in this or any other Court except as disclosed and described above.

Approved for Payment of \$ _____

Denied Payment of \$ _____

Reasons for any denied amount: _____

Appointed Attorney Signature Date

Appointed Attorney Name (printed or typed)

Address

City State Zip

Presiding Judge Date

County Auditor Date

No. _____

THE STATE OF TEXAS
VS.

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IN THE 85TH / 272ND / 361ST DISTRICT COURT
COUNTY COURTS AT LAW NO. 1 / 2
BRAZOS COUNTY, TEXAS

ORDER APPOINTING ATTORNEY

I hereby appoint _____, an attorney found by the Court to be competent, to represent the defendant in the above-numbered and entitled cause, and to continue to represent the defendant until the case is concluded, including appeal, if any, or until released by written order of this court. If no appeal is filed, representation ends at disposition of the case.

JUDGE PRESIDING

10/17/2024
Date

Appointment was delivered to counsel via: Mail Hand Delivery Email Fax

Attorney's Name: _____

Address: _____

Phone: _____

Fax: _____

Notice of Appointment was delivered to the defendant via: Hand Delivery Inmate Mail Mail Other _____

Defendant's Name & Address: _____

Phone: Home: _____

Arrest Date: _____

- Proper documentation of government assistance and/or income was provided to the court, at time of request, and the defendant is determined to be **INDIGENT**. Attorney's fees are **WAIVED**.
- Appointment of counsel is based on **FINANCIAL HARDSHIP**. Proper supporting documentation was not provided to the Court to determine indigency. Proper documentation **MUST** be provided to the Court prior to waiving any attorney's fees.
- After review of documentation, the Court finds the defendant is **NOT INDIGENT**; however, it is in the interest of justice that counsel should be appointed. Attorney's fees should **NOT BE WAIVED**.
- Due to extenuating circumstances or incarceration beyond 10 days on a misdemeanor or 30 days on a felony, without an application, counsel is appointed without an indigency determination. The defendant's ability to repay attorney's fees shall be determined at disposition.

CONFIRMATION OF APPOINTMENT

I confirm that I have made reasonable efforts to contact the Defendant by the end of the first working day and understand that I must **personally interview an incarcerated defendant no later than ten (10) business days** after notice of the appointment. All other defendant's must be interviewed as soon as practicable after the notice of appointment. This serves as confirmation of this appointment.

Attorney Signature

Date

CHARGES: _____

Electronic Monitoring: Eligibility requires documented proof of employment/enrollment in school. A defendant is **NOT** eligible for electronic monitor/payment plan if unemployed, *capias pro fine* with 2 years, prior failure to serve jail time or MTR/MTP.

BRAZOS COUNTY INDIGENT DEFENSE COMPLIANCE AFFIDAVIT –

CRIMINAL CASES WITH ANNUAL CERTIFICATION OF KNOWLEDGE OF BRAZOS COUNTY INDIGENT DEFENSE PLAN / LOCAL RULES / ADMINISTRATIVE ORDER FOR IMMIGRATION ADMONISHMENTS /

(Please initial each blank, sign at bottom and attach CLE)

The following information is required to ensure compliance with the Brazos County Indigent Defense Plan. Because you are an officer of the court, no notary is required.

_____ I certify that I have read and understand the Brazos County Indigent Defense Plan, Local Rules and Administrative Order for Immigration and will comply with all rules and requirements listed therein.

_____ I certify that I have complied with the continuing legal education requirements of the Brazos County Indigent Defense Plan by: (Attach copies)

_____ maintaining my certification in criminal law with the Texas Board of Legal Specialization throughout the twelve months prior to my last birthday.

_____ attending and receiving credit for at least (6) hours of continuing legal education in criminal law within the twelve months prior to my last birthday as shown on the attached copy of my State Bar of Texas CLE report.

_____ attending and receiving credit for _____ hours of continuing legal education in criminal law within the twelve months prior to my last birthday and claiming credit for _____ hours of carryover credit from the year prior, as shown on the attached copy of my State Bar of Texas CLE report.

_____ I certify that I shall provide to the court, within 72 hours of receiving notice of appointment, an acknowledgment of the appointment and confirmation that I have made reasonable efforts, as required, to contact the defendant by the end of the first working day after the appointment is received.

_____ I certify that I **must personally visit** all incarcerated defendants within 10 days of receipt of the appointment and if the defendant is not incarcerated, I shall schedule an interview as soon as practicable.

_____ I certify that my license is current and in good standing with the State Bar of Texas.

_____ I certify that there is no court finding that I provided ineffective assistance of counsel.

_____ I certify that I have not been the recipient of any public disciplinary action by the State Bar of Texas or any other attorney licensing authority of any state or the United States within the last five (5) years.

_____ I certify that I have not been convicted of any felony offense or of any misdemeanor involving moral turpitude within the last ten (10) years. For purposes of this requirement, "convicted" includes, but is not limited to, serving any period of community supervision or deferred adjudication supervision under any federal, district or county court.

_____ I certify that I am not delinquent in payment of obligations to the State Bar of Texas, or to any taxing authority, including Brazos County, the State of Texas and the United States.

_____ I certify that I am not delinquent in the payment of any child support obligation.

_____ I certify that I must notify the **Brazos County Misdemeanor Associate Court 1/Indigent Defense Office**, in writing, of any changes of address, telephone, email or standing with the State Bar of Texas.

_____ I certify that I must annually file, no later than October 15, a statement that describes the percentage of my practice time dedicated to work based on appointments accepted in this county for adult criminal cases and juvenile cases for the prior 12 months that begins October 1 and ends on September 30. The report must be submitted through the online form to the Texas Indigent Defense Commission.

_____ I acknowledge my Padilla obligation to the defendant and understand that I can obtain free assistance with immigration issues through *myPadilla.com*.

_____ I certify that I maintain an office with a telephone that is answered during normal business hours by office staff, an answering service or a voice recording device or other messaging system that can promptly locate me and notify me of any appointment or hearing. I maintain an email capable of receiving notices/messages 24 hours a day, seven days a week. **I understand that I may designate only 1 email address for my office for receipt of court correspondence, appointments and settings.**

My contact information is as follows:

Mailing Address: _____

Physical Address: _____

Office Telephone: () _____ Cell Phone: () _____

Email Address: _____

I certify that everything herein is true and correct.

Signature

Date

Clearly Printed Name

JUDGE'S EVALUATION FOR PLACEMENT ON COURT APPOINTMENT LIST

Applicant: _____

Application Date: _____

Lists Requested: Misdemeanor Other Felony

3g/Enhanced Appellate

Lives in Brazos County or contiguous county yes

no (only eligible for Appellate list)

Attached proper documentation of CLE yes

no

Meets requirements of Brazos County Indigent Defense Plan Sections 3.01, 3.02, and 3.03 yes no

361st Comments: _____

361st Action:

For Misdemeanor List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Other Felony List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For 3g/Enhanced List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Appellate List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

85th Comments: _____

85th Action:

For Misdemeanor List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Other Felony List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For 3g/Enhanced List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Appellate List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

272nd Comments: _____

272nd Action:

For Misdemeanor List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Other Felony List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For 3g/Enhanced List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Appellate List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

CCL1 Comments: _____

CCL1 Action:

For Misdemeanor List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Other Felony List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For 3g/Enhanced List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Appellate List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

CCL2 Comments: _____

CCL2 Action:

For Misdemeanor List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Other Felony List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For 3g/Enhanced List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
For Appellate List:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Response Letter Mailed to Attorney On: _____

Interpreter Needed?

Spanish / Other: _____

Cause No. _____

THE STATE OF TEXAS
VS.

§
§
§

IN THE COUNTY COURT
AT LAW NO. 1 / 2
BRAZOS COUNTY, TEXAS

Defendant's Name – Print Clearly

CASE MANAGEMENT FORM

(CHOOSE YOUR OPTION BY PLACING A CHECK MARK INDICATING HOW YOU WISH TO PROCEED AND RETURN TO COURT STAFF)

I have listened to the Court's admonishments (warnings) concerning the range of punishment that applies to my case, my right to a jury/bench trial, and immigration consequences if I enter a plea or am found guilty. I understand that to resolve my case, I must either hire an attorney, request court appointed counsel, or waive my right to an attorney and represent myself (pro se). It is my decision to take care of my case in the following manner **(CLEARLY MARK YOUR OPTION)**:

Option 1: **INTENT TO RETAIN COUNSEL.** I plan to hire an attorney and can do so within ____ days. I understand that if I do not retain counsel within the time indicated that I will not receive additional time to do so.

Option 2: **REQUEST FOR COURT APPOINTED COUNSEL.** I am unable to hire an attorney and would like to apply for court appointed counsel. I understand that I am required to complete an application and disclose information about my financial resources and/or household financial resources. The Application is a sworn document and I could be prosecuted for providing false information. The punishment for providing false information is imprisonment in the Institutional Division of the Department of Criminal Justice for 2 to 10 years, up to a \$10,000.00 fine or both. The court will determine if I qualify for a court appointed attorney following the guidelines of the Brazos County Indigent Defense Plan and proper supporting documentation. I understand that indigency can only be determined if proper documentation is provided to the court. More importantly, I understand that I may be required to repay, in whole or in part, court appointed attorney's fees if the court finds I have the ability to do so. In the event I dismiss my court appointed attorney, I may not be reconsidered for a new court appointed attorney. All complaints regarding a court appointed attorney should be submitted in writing to the presiding court for review and the court may determine if new counsel should be appointed. I understand that it is my responsibility to maintain contact with my attorney and that I can only expect a return phone call when I leave a message and I am able to receive messages as well. Finally, I understand that if I retain counsel, I may be required to reimburse my court appointed attorney fees.

Option 3: **WAIVER OF ATTORNEY AND REQUEST TO SPEAK TO STATE.** *(You may not speak with a prosecutor about your case unless you sign this written waiver of your right to be represented by an attorney. If you choose this option, please initial each paragraph below).*

____ I am waiving my right to counsel and request to represent myself in all proceedings related to this case, unless notified in writing otherwise. (Initial each admonishment)

____ I understand that the Attorney for the State (Prosecutor) is a government attorney who represents the State's case against me in this criminal prosecution and that the prosecutor does not represent me and cannot give me legal advice. The State's attorney does not have to give me a plea offer in this case. If I choose to accept a plea offer, the court will not modify the terms of the plea agreement without giving me an opportunity to withdraw my plea.

____ I am waiving my right to have an attorney represent me at this time. I understand that I will be held to the same standards and expectations as a licensed attorney in the courtroom when representing myself. I understand that the rules of evidence, procedure and conduct as applied to attorneys also apply to me. I understand that I likely lack the legal knowledge to evaluate the state's case against me and may be unaware of legal defenses applicable to my case.

Option 3 Continued for WAIVER OF ATTORNEY AND REQUEST TO SPEAK TO STATE.

___ I understand that there are dangers to self-representation. Waiving my right to an attorney and representing myself may result in a worse outcome for me and my case, including but not limited to, future criminal punishment enhancements, as well as, the loss of significant legal rights and opportunities relating to military service, possession of a firearm, housing and public benefits, employment, child custody, voting, license suspensions, financial aid and immigration status for non-citizens.

___ I also understand that anything I say when speaking with the state may affect the outcome of my case.

___ Pursuant to Texas Code of Criminal Procedure Article 39.14, I understand that I may request and review offense reports, designated documents, papers, written or recorded statements of myself or a witness, including witness statements of law enforcement officers but not including work product of counsel for the State and their investigators and their notes or report, or any designated books, accounts, letters, photographs, or objects or other tangible things not otherwise privileged that constitute or contain evidence material to any matter involved in the action and that are in the possession, custody, or control of the state or any person under contract with the State. I understand that I am not allowed to remove any documents, items or information from the possession of the state, and any inspection shall be in the presence of a representative of the State.

Also for Option 3:

I **DO NOT** request review of discovery in my case.

I **DO** request to review the discovery in my case. I understand that I will be given a designated day and time, prior to leaving court today, to appear at the Brazos County Attorney's Office to review the discovery in my case.

My contact information remains the same / Update my information as clearly and completely listed below

Defendant's Signature

Date

NOTICE: It is understood that all Notices sent out prior to this change/update is the responsibility of the Defendant. Therefore, from this date forward it will only be changed in the County's system and all correspondence will be updated.

Print Clearly:

Current mailing address (number and street)		Apt no.																					
City, town or post office and State		Zip code																					
Your phone number with area code	Alternate phone number with area code																						
Defendant's email																							
<table border="1" style="width:100%; height:20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																							

OFFICE USE ONLY - Entered by Staff: _____ **On this date:** _____

OUT OF COUNTY FUGITIVE FAX AND NOTICE REQUEST FOR APPOINTMENT OF COUNSEL

Pursuant To Tex. Code of Criminal Procedure Art. 1.051(c-1)

TO: _____

FAX: _____ DATE: _____

FROM: ASSOCIATE COURT 1 OF BRAZOS COUNTY, TEXAS TELEPHONE: 979-361-4540

URGENT – PLEASE REPLY

RE: Name: _____

DOB: _____ WARRANT/CAUSE NO. _____

The above named Out of County Fugitive is in custody in the Brazos County Jail. If the Fugitive has not been released or transported to your County by the _____ day of _____, 20____, the court will appoint counsel for proceeding under Texas Code of Criminal Procedure Ch. 11 and/or 17.

THIS COURT RESPECTFULLY REQUESTS THAT YOU PROVIDE INFORMATION IN THE BOX BELOW ON THE APPOINTMENT OF AN ATTORNEY IN THIS MATTER AND RETURN THIS FORM VIA FACSIMILE TO THE COURT LISTED AT THE BOTTOM OF THIS DOCUMENT.

(To be completed by county with warrant)

Name of Appointed Counsel: _____

Date of Appointment: _____ Appointed Counsel's Telephone: _____

Appointment was DENIED for the following reason: _____

Please return via facsimile to: **BRAZOS COUNTY ASSOCIATE COURT 1 979-361-4559**

ACKNOWLEDGMENT OF OUT OF COUNTY REQUEST FOR APPOINTMENT OF COUNSEL

TO: _____

FAX: _____ DATE: _____

FROM: ASSOCIATE COURT 1 OF BRAZOS COUNTY, TEXAS TELEPHONE: 979-361-4540

RE: Name: _____

DOB: _____ WARRANT/CAUSE NO. _____

(Brazos County Information)

Name of Appointed Counsel: _____

Date of Appointment: _____ Appointed Counsel's Telephone: _____

Appointment of Counsel was denied for the following reason:

- A finding was made that the Defendant is not indigent.
- A determination of indigency could not be made because the Defendant did not answer each question completely / did not provide adequate information.
- Defendant is not entitled to a court appointed attorney for one of the following reasons: (1) parole violation, (2) municipal or justice of the peace offense(s), (3) immigration issue, (4) civil/child support issue and/or (5) failure to serve jail time or capias pro fine.
- Due to a material change of circumstances.
- Brazos County Sheriff's Department has confirmed that defendant will be transported to Brazos County Jail within 10 days.

TRIAL SERVICES FEE SCHEDULE (Effective October 2022)			
Type of Service	Fixed Fee	Daily Rate	Hourly Rate (Min - Max)
JURY			
Capital (Death Penalty)-Lead Counsel			\$TBD
Capital (Death Penalty)-Assoc. Counsel			\$ TBD
Capital (Non death penalty) - Lead Counsel			\$ TBD
Capital (Non death penalty) – Assoc. Counsel			\$ TBD
Non-capital 3g/Enhanced Felony* <i>*Enhanced Felony – a felony offense for which the punishment is enhanced under Tex. Penal Code Sec. 12.42(b), (c), or (d).</i>	\$5,000	\$1,250	\$200
Other Felony	\$2,500	\$1000	\$150
Misdemeanor	\$1,750	\$750	\$150
Contested Competency	\$1,750	\$750	\$150
BENCH			
Contested 3g/Enhanced Felony Trial	\$3,000	\$1,000	\$150
Contested Other Felony Trial Contested Felony MTR/MTP	\$2,000	\$900	\$150
Uncontested 3g/Enhanced Felony Plea* Uncontested 3g/Enhanced MTR/MTP	\$1,750	---	\$150
Uncontested Other Felony Plea Uncontested Other Felony MTR/MTP	\$1000	---	\$150
Contested Misdemeanor Trial Contested Misdemeanor MTR/MTP	\$1,250	\$600	\$150
Uncontested Misdemeanor Plea Uncontested Misdemeanor MTR/MTP	\$650	---	\$150
"Uncontested" Competency	\$750	---	\$150

JUVENILE FEE SCHEDULE (Effective October 2022)

Type of Service	Daily Rate	Fixed Fee	Hourly Rate (Min - Max)
Detention (Prior to filing of Petition)		\$150	\$150
Uncontested Adjudication/Disposition (Detention After filing of petition)		\$800	\$150
Contested Adjudication / Disposition (Detention after filing of petition)		\$1200	\$150

APPELLATE SERVICES FEE SCHEDULE

Type of Case	Motion for New Trial and Brief	Oral Argument and Rehearing	Hourly Rate (Min-Max)
Capital Felony	\$10,000	\$2,500	\$150
Non-Capital 3g/*Enhanced Felony	\$1,750	\$750	\$150
Other Felony	\$1,250	\$500	\$150
Misdemeanor	\$800	\$400	\$150