

Cause No: _____

THE STATE OF TEXAS
VS

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§

IN THE DISTRICT COURT
OF
CALDWELL COUNTY, TEXAS

APPLICATION OF INDIGENCE AND REQUEST FOR APPOINTMENT OF COUNSEL

"I, the undersigned Defendant, do upon oath, make the following statements. I am charged with a felony offense which is punishable by jail incarceration."

SPANISH SPEAKING ONLY? YES: _____ NO: _____ CHARGE: _____

Date of Birth: _____ S.S.N. _____ Driver's License Number: _____

Marital Status: Single / Married/ Divorced/ Widowed Number of Actual Dependents: _____

How much money do you make: \$ _____ per week / month / year? Spouse's income: \$ _____ per week / month / year?

Your employer, address and phone number: _____

Spouse's employer, address, and phone number: _____

List all sources of income available to you, including AFDC/TANF, Food Stamps, Child Support, S.S.I, or any other income:
 Amount: \$ _____ Source: _____ Amount: \$ _____ Source: _____

Your address: _____ Number in household: Adults _____ Children _____

Who pays for food, gasoline, clothing or other needs? _____

Do you own an automobile or other means of transportation? YES / NO Make /Model/Year: _____ Value: _____

Do you own other personal property? (Furniture, Jewelry, etc.) _____

Do you have any cash available at home or at the jail or in the bank? YES / NO Amount: \$ _____

Does anyone owe you money? YES / NO Who? _____ Amount: \$ _____

Please list all debts that you have: (Rent, Mortgage, Car payment(s), Loan(s), etc.)

Lien holder, Landlord: _____ Amount of monthly payment: \$ _____

Car Lien holder: _____ Amount of monthly payment: \$ _____

Other loan(s) or debt(s): Credit Cards, etc.): _____ Amount of monthly payment: \$ _____

_____ Amount of monthly payment: \$ _____

I AM / AM NOT free on bail. Amount of bail: \$ _____ If free on bail, who posted the money? _____

Amount of money posted: \$ _____ List amount of money it cost YOU to get out of jail \$ _____ Date paid _____

I have attempted to hire the following attorneys: _____

"I have been advised by the District Court of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means to employ counsel of my choosing and I hereby request the Court to appoint counsel to me."

"I further understand that I may be ordered to pay all or part of the attorney's fees, and that this appointment of counsel can be reconsidered if there is a material change in my financial circumstances. I further understand that I may be ordered to repay Comal County all or part of the cost of counsel if I am convicted of the charge as costs of court or as a term of probation."

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Defendant's Signature: _____ Date of Birth: _____
Address: _____ Phone Number: _____ Today's Date _____

SWORN AND SUBSCRIBED TO BEFORE ME, THIS THE _____ DAY OF _____, 20____, personally appeared the above named Defendant who subscribed the foregoing instrument and after having been duly sworn by me, stated on his/her oath that the foregoing statements are true and correct.

NOTARY/DEPUTY CLERK

ORDER APPOINTING COUNSEL

Based on the foregoing Application of Indigency, the following attorney is hereby appointed to represent the defendant in this cause until charges are dismissed, the defendant is acquitted, appeals are exhausted, or the attorney is relieved of this duty or replaced by other counsel by leave of Court, pursuant to Article 26.04, Code of Criminal Procedure:

Name of Attorney: _____ Phone Number: _____
Address: _____

Judge Presiding