**ATTACHMENT 4**

**ASSESMENT AND AFFIDAVIT DETERMINING INDIGENCY**

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| ***This portion to be completed by Office Personnel only*** | |
| The State of Texas  vs.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_ County Court  \_\_\_\_\_\_\_\_\_\_\_ District Court |
| Offense: Felony/Misd: | Interpreter required?  **Yes  No** |
| Offense: Felony/Misd: | If yes, language required: |
| Offense: Felony/Misd: |  |
| Defendant Currently In:  Correctional Facility Mental Health Facility | |

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| ***This portion to be completed by or With DEFENDANT*** | | | | | | | | |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | | |
| **First Name MI Last Name** | | | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Street Apt No. City State Zip Code** | | | | | | | | |
| **Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Home Cell Work Family Member** | | | | | | | | |
| **I receive:  Medicaid  SSI  SNAP  TANF  Public Housing** | | | | | | | | |
| **Are you Employed?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Number of Hours per Week: \_\_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_\_\_\_\_\_Where did you last work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Marital Status :  Single  Married  Divorced  Widowed  Separated** | | | | | | | | |
| **Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VETERAN  Yes  No** | | | | | | | | |
| **First MI Last** | | | | | | | | |
|  | | | | | | | | |
| **Name of Dependent Child(ren)**  **(0-18 yrs.)** | | | **Age** | **Name of Dependent Child(ren)**  **(0-18 yrs.)** | | | | **Age** |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
| **RESIDENCE INFORMATION** | | | | | | | | |
| **Rent: yes or no** | **Own: yes or no** | | | **Reside with family: yes or no** | | **Homeless: yes or no** | | |
|  | | | | | | | | |
| MONTHLY INCOME AND ASSETS | | | | MONTHLY EXPENSES **YOU** ARE RESPONSIBLE FOR | | | | |
| **My take home pay** | | **$** | | **Rent/Mortgage** | | | **$** | |
| **Spouse’s take home pay** | | **$** | | **Utilities (Elec., Gas, Water)** | | | **$** | |
| **Child Support (Received)** | | **$** | | **Total Child Expenses (Including Child Support Paid)** | | | **$** | |
| **SNAP (Food Stamps)** | | **$** | | **Total Food Expenses** | | | **$** | |
| **Social Security/Disability** | | **$** | | **Transportation Costs** | | | **$** | |
| **Other Government Check** | | **$** | | **Cell/home phone** | | | **$** | |
| **Other Income** | | **$** | | **Probation fees** | | | **$** | |
| **Assets (car, house, etc.)** | | **$** | | **Medical Expenses / Health Insurance** | | | **$** | |
| **TOTAL MONTHLY INCOME**  **AND ASSETS** | | **$** | | **TOTAL MONTHLY EXPENSES** | | | **$** | |

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| **Defendant’s Oath** |
| On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge 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.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  Defendant’s Signature Date |

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| ONLY **ONE SECTION** BELOW TO BE COMPLETED. |
| **Administered Oath**  (Notary ONLY) |
| SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**  **Notary Public Signature Date** |
| **Unsworn Declaration by Defendant**  (Defendant ONLY) |
| My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (First Name) (Middle Name) (Last Name)  My address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (Street Number and Name) (City) (State) (Zip Code) (Country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.  (Month) (Year) |

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| **Defendant Currently Meets Eligibility Requirements?** | |
| **YES** | **NO** |
| **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is appointed to represent defendant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the following charge(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**As per the Local Rules adopted and signed by the CAMERON COUNTY BOARD OF JUDGES, you have 24 hours to visit with your client (excluding weekends and Cameron County holidays) from the time you receive this email. If you are unable to accept this appointment, please contact our office immediately.**

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pre-Trial Officer**

Judicial Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Attorney’s Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Defendant’s Location** | |
| Bond Amount:\_\_\_\_\_\_\_\_\_\_ Bond:  Personal  Cash/Surety  Bonding Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **On Bond**  DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Jailed**  SO# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This appointment shall remain in effect until all charges are dismissed, the defendant is acquitted, appeals are exhausted, or until you are relieved of you commission by the court or replaced by other counsel after a finding a good cause.