APPLICATION FOR COURT APPOINTED ATTORNEY

THE S'	TATE OF T	EXAS vs				
NAME: Last:			_ First: Middle:			
ADDRESS:				City:	State	Zip
Phone	Alt Pl	none		Email		
Size of family Unit (Membe	rs of immediate	family that you support	financially (List na	ıme, age & rela	tionship)	
Name:			Age:	Relations	hip:	
						_
						_
			1			
Monthly Income		Necessary Monthly Living Expenses			Non-exempt Assets	
Employer:		Rent			Cash on hand	
	w long:	Mortgage	<u> </u>		Value of Stocks/B	
Your Salary		Utilities (gas, electric, etc)			Savings Acct Bala	nce
Spouse's Salary		Clothes / Food			401k Balance	
SSI/SSDI		Day Care / Child Care			Other	
TANF		Health Insurance Medical Expenses				
AFDC Social Security Check		Court-Ordered Monies				
Child Support		Child Support				
Other Govt Check		Car Payment				
Other Monthly Income		Car Insurance				
		Vehicle: Make				
		Model:	Year:			
TOTAL INCOME:	\$	TOTAL NEC EXPENSES:		\$	TOTAL ASSETS	\$: \$
NT 11 1.1	1 64	•		1 1 4	I	I
Names, addresses, and phone NAME	numbers of tw	ADDRESS	vays know your	whereabouts:	PHONE	
I have been advised of my right counsel of my own choosing a						
true. The information I listed i						o, acom arc, and
*All information is subject to	verification.	Falsification of infort	mation is a crim	inal offense.		
			Defendant's	Signature		
Sworn to and subscribed before	re me on this_	day			of 20	
			Court Clerk	/ Person Auth	orized to Administer Oaths	· · · · · · · · · · · · · · · · · · ·
		ORDER A	PPOINTING	COUNSE	L	
The defendant has requested c sufficient money or other prop						
			·			
Date:		_	JUDGE PR	ESIDING		