

CHARLES A. STEPHENS II  
Judge



CHRISTINA RILEY  
Court Administrator

## Comal County

COUNTY COURT AT LAW #2

### PARENTS AND GUARDIANS:

You are responsible for providing an attorney for your child. If your child does not already have an attorney and **you cannot afford to hire an attorney, you must complete and return the enclosed form to the Juvenile Probation Office within three (3) business days.** You must provide proof of your income in the form of a payroll check stub, tax return, verification of government benefits, etc. for the Court to consider your application.

If the Court approves your application, the attorney will contact you. If your address or telephone number changes, you must notify your attorney, the Juvenile Probation Department and the District Clerk immediately.

**If you do not return the form to within three (3) business days,** you should hire an attorney for your child and ensure that the attorney is notified of the court date for your child.

You may mail or bring the form to:

Comal County Juvenile Probation Office  
Attn: Dan Collins  
171 E. Mill Street  
New Braunfels, TX 78130

**JUDGE CHARLES A. STEPHENS, II**  
**Juvenile Board Chair**

**\* EMPLOY COUNSEL \***  
22<sup>ND</sup>, 207<sup>TH</sup> 274<sup>TH</sup> & 433<sup>RD</sup> JUDICIAL DISTRICT COURT  
COMAL COUNTY, TEXAS

IN THE MATTER OF \_\_\_\_\_ \* CAUSE NO. \_\_\_\_\_

\*  
DECLARATION OF FINANCIAL  
INABILITY TO EMPLOY COUNSEL  
\*

\_\_\_\_\_  
JUVENILE

I/We, \_\_\_\_\_, Am/Are the Parents/Guardian of the child  
Named in the above entitled and numbered cause, and I/We Am/ Are NOT able to employ  
counsel to represent my/our child in this proceeding. I/We have no assets except the following:

1. Our earnings are:
 

Name & Address of employer	Amount per Week/Month
Husband: _____	_____
_____	_____
Wife: _____	_____
_____	_____
  
2. I/We have other income in the amount of:
 

Source of Income	Amount per Week/Month
_____	_____
_____	_____
_____	_____
  
3. I/We Am/Not married and support \_\_\_\_\_ children and/or other dependents who are:
 

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
  
4. Earnings of children are:
 

Name of Employer	Amount per Week/Month
_____	_____
_____	_____
_____	_____

5. I/We have the following money:
- Checking account: \_\_\_\_\_
  - Savings account: \_\_\_\_\_
  - Being held or owed to me: \_\_\_\_\_
  - At home: \_\_\_\_\_
6. I/We own the following property with payments/balances due as stated below:
- | Item                  | Monthly Payments/Balance |
|-----------------------|--------------------------|
| Home/Rent             | _____                    |
| Automobile            | _____                    |
| Other Notes/Mortgages | _____                    |
| Other:                | _____                    |
7. I/We have the following debts/expenses in addition to those listed above:
- | Debts/Expenses               | Monthly Payment |
|------------------------------|-----------------|
| Telephone:                   | _____           |
| Utilities-Gas:               | _____           |
| Utilities-Elec. & Water:     | _____           |
| Groceries & household Items: | _____           |
| Gasoline:                    | _____           |
| Credit Cards:                | _____           |
|                              | _____           |
|                              | _____           |
| Other:                       | _____           |

I/We do not have the ability to obtain credit or to raise funds with which to employ an attorney and request the court to assign an attorney to represent my/our child. I declare under penalty or perjury that the foregoing is true and correct.

Dated \_\_\_\_\_, At New Braunfels, Texas

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Offense allegedly committed

\_\_\_\_\_  
Current Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature Parent/Guardian

CAUSE NO. \_\_\_\_\_

IN THE MATTER OF	X	IN THE DISTRICT COURT
_____	X	COMAL COUNTY, TEXAS
	X	SITTING AS A JUVENILE COURT

AFFIDAVIT OF INABILITY TO EMPLOY COUNSEL

THE STATE OF TEXAS	X
COUNTY OF COMAL	X

BEFORE ME, the undersigned authority, on this day personally appeared the parent/guardian of the child named herein, who, after being by me duly sworn, deposes and says:

I am the parent/guardian of the child named in the above entitled and numbered cause, and I am indigent and unable to employ counsel and request that the Court Appoint an Attorney for said child.

\_\_\_\_\_  
AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

\*

IN THE DISTRICT COURT

VS

\*

OF

\_\_\_\_\_

\*

COMAL COUNTY, TEXAS

ORDER APPOINTING ATTORNEY

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, came on to be heard the  
above APPLICATION FOR COURT APPOINTED ATTORNEY and the court hereby  
appoints \_\_\_\_\_, a practicing attorney of Comal County,  
Texas, to represent the Defendant.

\_\_\_\_\_  
Judge Presiding