

APPLICATION FOR COUNSEL AND ORDER APPOINTING OR WAIVER OF RIGHT - CCP 1.051

CAUSE NO. _____

THE STATE OF TEXAS

)

IN THE DISTRICT COURT

VS.

)

_____ JUDICIAL DISTRICT

)

_____ COUNTY, TEXAS

Comes now the Defendant herein and states to the Court upon his/her oath that he/she is too poor to employ counsel, and request that the Court appoint counsel for him/her.

See attached affidavit:

Defendant

OR

WAIVER OF RIGHT TO APPOINTED COUNSEL

"I have been advised this the ____ day of _____, 20__ by _____ of my right to representation by counsel in the trial of the charge pending against me. I have been further advised that if I am unable to afford counsel, one will be appointed for me. Understanding my right to have counsel appointed for me if I am not financially able to employ counsel, I wish to waive that right and request the court to proceed with my case without an attorney being appointed for me. I HEREBY WAIVE MY RIGHT TO APPOINTED COUNSEL.

Defendant

SUBSCRIBED and sworn to before me this the ____ day of _____, 20__.

District Clerk
_____ County, Texas

By: _____ Deputy

ORDER APPOINTING COUNSEL

Upon determination by the Court that this Defendant is too poor to employ counsel _____, a practicing attorney of this Court is appointed to defend defendant.

Dated this the ____ day of _____, 20__.

Judge, _____ Judicial District

Address of attorney:

Phone: _____

copy: Attorney
Defendant

Defendant's Name: _____ Date: _____

D.O.B. _____ Cause # _____ County _____ Special Needs: _____

OFFENSE: _____ Booking # _____

Affidavit of Indigence

To determine eligibility for Court Appointed Attorney, you must complete this form.

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Monthly Income		Necessary Monthly Living Expenses		Non-exempt Assets	
Your Salary: Employer: Position: How Long:		Rent / Mortgage:		Cash on hand	
Spouse's Salary		Transportation: Make: Model: Year:		Value of Stocks and Bonds	
SSI/SSDI		Car Payment		Amount in Savings Account	
AFDC		Car Insurance			
Social Security Check		Utilities (gas, electric, etc.)			
Child Support		Clothes/Food			
Other Government Check		Day Care / Child Care			
Other Income		Health Insurance			
		Medical Expenses			
		Credit Cards			
		Court-Ordered Monies			
		Child Support			
TOTAL INCOME:		TOTAL NECESSARY EXPENSES:		TOTAL ASSETS:	

STAFF USE ONLY:

Comments:

Total Monthly Income: _____
Total Monthly Expenses: - _____
Difference (net income): = _____

Defendant Meets Eligibility Requirements
___ YES ___ NO ___ UNDETERMINED

I have been advised 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 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 of any changes in my financial situation.

**All information is subject to verification. Falsification of information is a criminal offense.*

Defendant's Signature

Date

SWORN TO and subscribed to before me this ___ day of _____, 20__.

NOTARY PUBLIC
My Commission Expires: