

APPLICATION FOR COURT APPOINTED ATTORNEY

Court: _____ Cause No. _____
 Defendant Name _____ Offense Charged _____

PRINT YOUR RESPONSES CLEARLY. FILL IN ALL BLANKS. If you do not follow these instructions completely, your request for a court appointed attorney may be denied. All responses must be complete, current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the felony offense of aggravated perjury. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). If you do not know the information being asked, answer "do not know." If the requested information being asked does not apply to you, answer "n/a".

PERSONAL INFORMATION

DOB: _____
 Address, City, & State _____ Phone # _____
 Name of Spouse _____ # of Dependents _____ Their ages _____

EMPLOYMENT

Your Employer _____ Number of Hours Worked _____ per _____ (week/month)
 Pay Rate \$ _____ per _____ (hour/week/month)
 Spouse's Employer _____ Number of Hours Worked _____ per _____ (week/month)
 Pay Rate \$ _____ per _____ (hour/week/month)
 *If Unemployed: Length of time unemployed _____ Previous Employer _____

MONTHLY Income

MONTHLY Expenses

| | | | |
|------------------------|-----------|------------------|-----------|
| Take Home Pay | \$ | Rent/mortgage | \$ |
| Spouses' Take Home Pay | \$ | Car Payment | \$ |
| Retirement | \$ | Insurance (Car) | \$ |
| Unemployment | \$ | Insurance (Home) | \$ |
| Child Support | \$ | Gas/electric | \$ |
| Social Security | \$ | Water | \$ |
| SSI (disability) | \$ | Food | \$ |
| Medicaid | \$ | Child Care | \$ |
| Food Stamps | \$ | Child support | \$ |
| Public Housing | \$ | Medical | \$ |
| Rental Income | \$ | Cell Phone | \$ |
| Other Income | \$ | Other Expenses | \$ |
| TOTAL | \$ | TOTAL | \$ |

ASSETS

Do you own a house or real estate? ___ Yes ___ No Location of Property _____ Value of property: \$ _____
 Do you own a car, boat, or motorcycles? ___ Yes ___ No Make _____ Model _____ Year _____ Value \$ _____
 Checking account yes/no _____ Balance \$ _____ Savings account yes/no _____ Balance \$ _____
 Other Assets (jewelry, equipment, etc.) _____ Value \$ _____ **Total Value of Assets \$ _____**

Have you ever had a court appointed attorney in Ellis County? ___ Yes ___ No If yes, what is his/her name _____

Is anyone presently charged with committing the same offense with which you are charged? ___ Yes ___ No
 If yes, provide name(s) _____

By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

✓ _____
 Defendant

Subscribed and sworn to before me on _____, 2019.

 Judge / Magistrate / Indigent Defense Coordinator / Notary