

EXHIBIT C

THE STATE OF TEXAS

COUNTY OF _____

ADVICE CONCERNING PROCEDURES
FOR REQUESTING THE APPOINTMENT OF COUNSEL

This is to certify that on the _____ day of _____, 20____, at _____ o'clock _____ M., the undersigned Magistrate informed the accused, _____, as follows:

1. You may hire your own attorney if you desire.
2. If you cannot afford to hire an attorney, you may request the court to appoint an attorney for you.
3. If you request the court to appoint an attorney for you, you must complete a written request that an attorney be appointed;
4. If you request the court to appoint an attorney for you, you must complete a written affidavit, under oath, concerning your property, income and expenses;
5. The affidavit must demonstrate that you are indigent and unable to afford to hire your own attorney;
6. I will assist you in completing the request and affidavit if you wish for me to do so;
7. I will also ask you questions to clarify the information in your affidavit;
8. The request and affidavit will be forwarded within 24 hours to a judge who has the authority to determine if you qualify for appointed counsel;
9. The Judge who has the authority to determine if you qualify for appointed counsel will make a determination whether you qualify within three days of the date he/she receives your request and affidavit;
10. If an attorney is appointed for you, you will be given the attorney's name, address and telephone number
11. If an attorney is appointed for you, the attorney will be required to contact you not later than the end of the next working day after the day he/she is appointed.
12. You will be sent a postage paid card to report if the attorney fails to contact you within that time.
13. You will be advised within three days if your request for appointed counsel is denied.

Witness my hand the _____ day of _____, 20____, at _____ o'clock _____ M.

Magistrate

I hereby acknowledge that the above advice was read to me and I full understand the advice given.

Accused

EXHIBIT "D"

THE STATE OF TEXAS

COUNTY OF _____

CHOICE REGARDING APPOINTMENT OF COUNSEL

This is to certify that on the ____ day of _____ 20____, at ____ o'clock ____ M. the undersigned Magistrate has advised me that I have the right to representation by counsel on the trial of the charge pending against me.

(Initial one of the following two choices).

_____ I state under oath that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

_____ I am able to and will employ my own counsel.

Signed this ____ day of _____, 20____.

Accused Signature

Address

Accused Printed Name

Telephone Number

Subscribed and Sworn to before me this ____ day of _____, 20____.

Magistrate

_____ Accused refused to initial either choice or sign.

Magistrate

EXHIBIT "E"

THE STATE OF TEXAS

Date: _____

VS.

Charge: _____

Defendant

AFFIDAVIT OF FINANCIAL STATUS

The undersigned defendant, after being duly sworn, states under oath that the following information regarding his or her financial affairs is true and correct.

1. Martial status: Single _____, Married and Living Together _____, Married but Separated _____, Husband or wife's name: _____

2. Dependent children living with you and their ages:

Other dependents living with you and their relationship to you:

3. Your home address: _____
Street & No. _____ City, State and Zip _____

4. If employed, name of employer: _____

How long have you been employed by your present employer? _____

What is your job? _____

What is your gross (total before deductions) income per month/week? _____

5. If you and your spouse are living together, is your spouse employed? _____

If your spouse is employed, what is your spouse's gross (total before deductions) income per month/week? _____

6. If you are not employed, how are you supporting yourself?

7. Do you own any land? _____ If so, what is the land worth? _____
Where is the land located? _____

8. Do you own a car, and if so, what kind of car? _____
What is the fair market value of the car? _____

Do you owe money on the car, and if so, how much? _____

9. What other assets/property do you own? _____

What is the fair market value of the property? _____

Do you owe any debts on the property, and if so, how much? _____

10. What are your monthly expenses:

Rent/Mortgage	_____
Food	_____
Car payment	_____
Car insurance	_____
Car gasoline	_____
Utilities:	
Water	_____
Electricity	_____
Natural gas	_____
Telephone	_____
Other expenses:	

11. Are you able to borrow money for attorney's fees? _____

Under penalties of perjury, I swear or affirm that I have examined the above document and to the best of my knowledge and believe all information shown is true and correct. I understand that this affidavit is made because I am asking the court to appoint an attorney to represent me in this case because I do not have the financial ability to hire my own attorney. I understand that I may be ordered to make weekly payments to repay the county for such attorney's fees.

Defendant

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

Magistrate/Notary Public

AFFIDAVIT OF INDIGENCE - MAGISTRATION

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas VS.

Offense: Felony/Misd. Interpreter required? Yes No

Offense: Felony/Misd. If yes, language required:

Offense: Felony/Misd.

This portion to be completed by or with Defendant

Name Date of Birth First M.I. Last

Address Street Apt No. City State Zip Code

Phone Numbers Home Cell Work

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?

Marital Status: Single Married Divorced Widowed Separated

Name of Spouse First MI Last

Table with 4 columns: Name of Dependent Child(ren) (0-18 yrs.), Age, Name of Dependent Child(ren) (0-18 yrs.), Age

RESIDENCE INFORMATION

Table with 4 columns: Rent: yes or no, Own: yes or no, Reside with family: yes or no, Homeless: yes or no

MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
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	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

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.

Under penalties of perjury, I swear or affirm that I have examined the above document and to the best of my knowledge and believe all information shown is true and correct. I understand that this affidavit is made because I am asking the court to appoint an attorney to represent me in this case because I do not have the financial ability to hire my own attorney. I understand that I may be ordered to make weekly payments to repay the county for such attorney's fees.

Defendant's Signature

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

Magistrate/Notary public

State of Texas

County of _____

Before me, the undersigned magistrate of the State of Texas on this day personally appeared _____

_____ in the custody of _____, a peace officer, and said person was given the following warning by me:

(1) You are charged with the offense of _____
An affidavit charging you with this offense *(has) *(has not) been filed in this Court.

(2) You have the right to hire an attorney and have him/her present prior to and during any interview and questioning by peace officers or attorneys representing the State. You may have reasonable time and opportunity to consult your attorney if you desire.

(3) If you can not afford an attorney, you have the right to request the appointment of an attorney to be present prior to and during any interview and questioning by peace officers or attorneys representing the State.

(3a) Do you want to request appointment of an attorney? YES or NO.

(4) You have the right to remain silent.

(5) You are not required to make a statement, and any statement you make can and may be used against you in Court.

(6) You have the right to stop any interview or questioning at any time.

(7) You have the right to have an examining trial.

* Your bail is set at \$ _____

* Bail not determined.

* Bail is denied.

Check while reading.

* Delete what is not applicable.

Place of Warning _____

TIME: _____ M.

DATE: _____ 20 _____

REMARKS _____

Person Warned _____

Magistrate _____

Title _____

WITNESSES:

Name _____

Address _____

City _____

Name _____

Address _____

City _____

I acknowledge that I was given the above warning and I understand my rights as explained to me in the warning.

_____ Accused

Accused refused to sign acknowledgment of warning.

EXHIBIT "G"

(Postcard, front)

FAILURE TO CONTACT

This card is to notify you that _____
(Attorney's Name)

Has not contacted me as of _____
(Today's date)

Your Signature

Your printed name

(Postcard, address side)

District Clerk
Address: _____
City and State: _____

EXHIBIT H
Application for Inclusion on
District and County Courts Attorney Appointment List

Please complete all information requested. Please type or print. Complete both sides.

Name: _____

I wish to be considered for appointments in: _____ I wish to be considered for appointments for:
(please check all that apply) -----

Wilbarger County _____

Criminal cases only _____

Hardeman County _____

Juvenile cases only _____

Foard County _____

Both criminal and juvenile _____

CPS cases _____

Felony cases _____

Misdemeanor cases _____

Business mailing address: _____

Business telephone number: _____

Business fax number: _____

E-mail address: _____

Will you keep your fax machine on between the hours of 8 A.M. and 5 P.M., Monday through Friday, except for holidays? Yes _____ No _____

Bar card number: _____

Year and month licensed to practice law in Texas: _____

Law School: _____ Year graduated: _____

Other relevant education: _____

Have you attended the Advanced Criminal Law Course? Yes ___ No ___ If yes, what year: _____

Have you had at least 6 CLE hours in criminal law in the last year? Yes _____ No _____

Have you had at least 6 CLE hours in juvenile law in the last year? Yes _____ No _____

Have you had at least 6 CLE hours in appellate criminal or juvenile law in the last year?
Yes _____ No _____

Approximately how many felony cases have you tried to verdict before a jury as lead counsel? ____

Approximately how many misdemeanor cases have you tried to verdict before a jury as lead counsel? ____

Approximately how many contested juvenile cases (either jury or non-jury) have you tried as lead counsel? ____

Approximately how many appellate briefs or writ applications in either criminal or juvenile law have you filed? _____

Briefly describe your legal experience as it relates to criminal and juvenile law practice.

If you are fluent in any language other than English, please state the language: _____

Do you wish to be appointed for appellate or writ applications? Yes ____ No ____

Have you ever been sanctioned or reprimanded by the State Bar? Yes ____ No ____

If yes, explain? _____

Do you have any pending grievances? Yes ____ No ____

By my signature below, I swear or affirm that the information I have provided in this application is true and correct.

SIGNATURE

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public, State of Texas

EXHIBIT I

CURRENT FORMULA TO DETERMINE INDIGENCE

1. Gross monthly income, which includes spousal income if available to accused is determined.
2. Fair market value of property owned by the accused or the spouse of the accused which is reasonably available for ready sale is determined.
3. Necessary monthly expenses which include rent or mortgage payment, food, auto payment, auto insurance, auto gasoline, utilities (water, electric, natural gas and telephone), are determined.
4. Net monthly income is determined by subtracting necessary monthly expenses from the sum of gross monthly income and the fair market value of property reasonably available for ready sale.
5. If net monthly income is less than the following amounts based on the number of persons in the household, the accused will be eligible for appointed counsel:

<u>Number in Family</u>	<u>Monthly net income</u>
1	\$ 716.00
2	968.00
3	1,219.00
4	1,471.00
5	1,723.00
6	1,974.00
7	2,226.00
8	2,478.00
Over 8 add for each Child	252.00

When the Federal Poverty Guidelines change, the above table shall be Adjusted.