

# REQUEST FOR APPOINTMENT OF COUNSEL AND DETERMINATION OF INDIGENCE

"On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised by a Magistrate of Gaines County, Texas of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request that the court appoint counsel for me. I am charged with a Class \_\_\_\_\_ Misdemeanor/\_\_\_\_\_ Degree Felony."  
Charge: \_\_\_\_\_ Cause No.: \_\_\_\_\_ Bond Co. \_\_\_\_\_  
Printed Name: \_\_\_\_\_

## QUESTIONNAIRE CONCERNING FINANCIAL RESOURCES

A person who requests a determination of indigence and appointment of counsel shall complete under oath the following questionnaire concerning his/her financial resources and, if requested, must respond under oath to examination regarding his financial resources by the judge responsible for determining whether the person is indigent.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Your citizenship: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias/Nicknames: \_\_\_\_\_ DL # \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Address: \_\_\_\_\_ Do you:  Own  Rent How long at current address? \_\_\_\_\_  
(Physical Address) (City, County, State, Zip)

Live with: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Mobile/Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
(Physical Address) (City, County, State, Zip)

Marital Status:  Single  Married  Separated  Divorced Spouse's Name: \_\_\_\_\_ Year of Marriage: \_\_\_\_\_

Names and ages of dependants living with you: \_\_\_\_\_

Current Occupation: \_\_\_\_\_ How Long? \_\_\_\_\_ Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Physical Address) (City, County, State, Zip)

Previous Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(Physical Address) (City, County, State, Zip)

Your current health condition: \_\_\_\_\_

Are you or your dependents currently receiving:  Food Stamps  Medicaid  Temp. Assist. for Needy Families  Public Housing  Supplemental Soc. Sec. Income

### List sources of income and average annual amounts:

- A. Take-home wages and/or salary \$ \_\_\_\_\_
- B. Net Self Employment Income \$ \_\_\_\_\_
- C. Government Program Income \$ \_\_\_\_\_
- D. Unemployment/Disability/Retirement Income \$ \_\_\_\_\_
- E. Alimony/Child Support Income \$ \_\_\_\_\_
- F. Annuities/Dividends/Interest Income \$ \_\_\_\_\_
- G. Rental/Royalty Income \$ \_\_\_\_\_
- H. Trust/Estate Income \$ \_\_\_\_\_
- I. Available Spouse Income \$ \_\_\_\_\_

### List all assets/property owned and value:

- A. Real Estate: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- B. Automobiles: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- C. Cash/Bank Accounts: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- D. Stock/Bonds: \_\_\_\_\_ \$ \_\_\_\_\_

### List your outstanding obligations and balances due:

- A. Mortgages: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- B. Auto Loans: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- C. Other Loans: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- D. Credit Cards: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- E. Child Support: \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

### List your necessary living expenses:

- A. House Mortgage/Rent: \_\_\_\_\_ \$ \_\_\_\_\_
- B. Utilities: \_\_\_\_\_ \$ \_\_\_\_\_
- C. Food: \_\_\_\_\_ \$ \_\_\_\_\_
- D. Medical: \_\_\_\_\_ \$ \_\_\_\_\_
- E. Child Care: \_\_\_\_\_ \$ \_\_\_\_\_
- F. Transportation: \_\_\_\_\_ \$ \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF GAINES

"I swear/affirm that the foregoing answers concerning my financial resources are true and correct."

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas / Magistrate