

REQUEST FOR APPOINTMENT OF COUNSEL AND DETERMINATION OF INDIGENCE
 "On this _____ day of _____, 20____, I have been advised by a Magistrate of Lynn 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. _____ Print Name: _____

QUESTIONNAIRE CONCERNING FINANCIAL RESOURCES

A person who request 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 _____ DL # _____

YOUR CITIZENSHIP _____ SOC. SEC. # _____ MAIDEN NAME _____

ALAIS/NICKNAME _____ PHYSICAL ADDRESS _____

MAILING ADDRESS _____ Do you _____ own _____ rent, how long at current

Address _____ Live with _____ Relationship _____ Phone # _____

CELL # _____ Fax # _____ Martial Status _____ Single _____ Married

_____ Separated _____ Divorced Spouse's Name _____ Yrs. Married _____

Names and ages of dependants living with you _____

Current Occupation _____ How Long? _____ Employer _____

Supervisor's Name _____ Title _____ Phone # _____

Address _____ Previous Employer _____

Address _____ Phone # _____

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: _____ List your outstanding obligations and balances due

A. Take-home wages and/or salary \$ _____ A. Mortgages..... \$ _____

B. Net Self-Employment Income \$ _____ B. Auto Loans \$ _____

C. Government Program Income \$ _____ C. Other Loans..... \$ _____

D. Unemployment/Disability/Retirement Income \$ _____ D. Credit Cards..... \$ _____

E. Alimony/Child Support Income \$ _____ E. Child Support..... \$ _____

F. Annuities/Dividends/Interest Income \$ _____ List your necessary living expenses

G. Rental/Royalty Income \$ _____ A. House Mortgage/Rent..... \$ _____

H. Trust/Estate Income \$ _____ B. Utilities..... \$ _____

I. Available Spouse Income \$ _____ C. Food..... \$ _____

List all assets/property owned and value D. Medical..... \$ _____

A. Real Estate _____ \$ _____ E. Child Care..... \$ _____

B. Automobiles _____ \$ _____ F. Transportation..... \$ _____

C. Cash/Bank Accounts _____ \$ _____

D. Stock/Bonds _____ \$ _____

STATE OF TEXAS
 COUNTY OF LYNN

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

Print Name _____ Signature _____

Subscribed and sworn to before me on _____, 20____

 Notary Public, State of Texas/Magistrate