Defendant’s Name: D.O.B.:

Cause No./Court: Booking No.

Defendant’s Email: Defendant’s Phone:

Alternative Contact Phone/Email:

REQUEST FOR ATTORNEY/AFFIDAVIT OF INDIGENCE

**MARITAL STATUS** (if separated, check “single”)**: ☐ Single *or* ☐ Married & living together NUMBER of *my own* CHILDREN**, less than 18 years old who live *primarily* with me:

**BENEFITS:** I, my spouse or my children *who live with me*, receive any of the following: Food Stamps, Medicaid, Disability, TANF, SSI, or Housing Assistance: **☐ YES *or* ☐ NO**

**JAIL/COMMITTED:** I am in jail or prison *serving a sentence*; residing in a public mental health facility; or subject to a mental health commitment proceeding: **☐ YES *or* ☐ NO**

**I *PAY* CHILD SUPPORT of: $** /month

# MY HOUSEHOLD INCOME INCLUDES:

* **My primary Job:** $ per . In an average week I work hours.
* **My second Job:** $ per .
* **My other income:** $ per .
* **My spouse’s Income:** $ per .
* I ***RECEIVE* CHILD SUPPORT** of: $ per month.
* I am **presently *UNEMPLOYED*** and have been for (how long).
* I am a U.S. military veteran.

# SPECIAL CIRCUMSTANCES/HARDSHIPS the Judge/RCMAC Director should consider:

*“On this day of , 20 , I have been advised by this Court of my right to representation by counsel in connection with the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.”* TX CCP Art. 26.04(o).

# Signature: Date:

**\*\*\*For the Court/RCMAC Use Only \*\*\***

SWORN and SUBSCRIBED before me: ☐ Approved

* + Denied
	+ Special Needs \*

Director, Managed Assigned Counsel ☐ Interpreter Needed \*

\*Notes: