



**REFUGIO COUNTY / DISTRICT COURT
AFFIDAVIT OF INDIGENCE AND REQUEST FOR COURT-APPOINTED ATTORNEY**

Important: This form tells the Court that you are requesting an attorney represent you on your pending charges, but do not have the money to hire an attorney. If you qualify under the law, a judge will appoint an attorney to represent you in your case. If you do not fill out the following form completely and provide all requested information, it may lead to a delay in providing you with a Court-Appointed Attorney, even if you qualify under the law. Please read carefully and fill in all required information.

Pending Charge: _____ Cause No.: _____

Interpreter Required/Requested: Yes (or) No Language Required: Spanish (or) other: _____

Defendant's Personal Information

Name: _____ Date of Birth: ____/____/____
First MI Last

Address: _____
Street Apt. No. City State Zip Code

Phone Numbers: _____
Home Cell Work Family Member

Last 4 digits of Social Security Number: _____ Employment: _____

Marital Status: Single Married/Common Law Divorced Widowed Separated

Name of Spouse: _____
First MI Last

Spouse's Phone #: _____ Personal Email Address: _____

Dependent Child(ren)

Name (0-18 yrs.)	Age	Name (0-18 yrs.)	Age

Residence Information

Rent: Yes or No Own: Yes or No Reside with Family/Friend: Yes or No Homeless: Yes or No

Monthly Household Income & Expenses

My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Child Support (Paid)	\$
Social Security/Disability	\$	Groceries	\$
Unemployment Compensation	\$	Car payment/insurance	\$
Worker's Compensation	\$	Cell/home phone	\$
Food Stamps	\$	Probation Fees	\$

Do you have any other charges pending/what county: _____

By signing below,

I have been advised by a magistrate 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 the court to appoint counsel for me. By signing 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's Signature

Date

SUBSCRIBED and SWORN to before me, the undersigned authority, this _____ day of _____, 20_____.

Person Attesting Defendant's Signature

Date

ORDER APPOINTING COUNSEL

On this day came on to be heard the above sworn affidavit and the Court having determined that the defendant is not represented by counsel and that said defendant does not have sufficient money or other property to employ counsel and has requested appointed counsel in charges pending before this court.

_____ is appointed to represent the said defendant on pending charges in accordance with the Texas Fair Defense Act and the County Plan on file.

Date: _____

APPROVED: _____

Judge Presiding/Judge's Designee

	<u>Date</u>	<u>Time</u>	<u>Initials</u>
Magistrate			
County Clerk			
District Clerk			