	CAUSE NO. CR	
THE STATE OF TEXAS)	IN THE COUNTY COURT
VS.)	AT LAW
)	ROCKWALL COUNTY, TEXAS

WRITTEN ADMONISHMENTS OF DEFENDANT'S RIGHT TO COUNSEL

On this _____ day of _____, 20___, pursuant to the requirements of law, you, the defendant in this cause, are hereby admonished in writing as follows:

You are charged with the crime of _____, which is:

[] **Class A Misdemeanor**: a fine not to exceed \$4,000; confinement in jail for a term not to exceed one year; or both such fine and jail confinement.

[] **Class B Misdemeanor:** a fine not to exceed \$2,000; confinement in jail for a term not to exceed 180 days; or both such fine and jail confinement.

[] Class C Misdemeanor (Appeal): a fine not to exceed \$500.

[] **Driving While Intoxicated (1**st): a fine not to exceed \$2,000 and confinement in jail not less than 72 hours and not more than 180 days. Your drivers license may be suspended up to one year.

[] **DWI** (1st): if an open container is alleged the range of punishment for DWI applies, and the minimum jail confinement is 6 days.

[] **Driving While Intoxicated (2nd):** a fine not to exceed \$4,000; and confinement in jail not less than 30 days and not more than one year. Your drivers license may be suspended up to two years.

[] **Driving Motor Vehicle While License Invalid/Suspended: Class B Misdemeanor:** a minimum of \$100 fine, a maximum of \$500 fine and confinement in jail not less than 72 hours and not to exceed 180 days for an offense date before September 1, 2007.

[] **Reckless Driving:** a fine not to exceed \$200; confinement in jail for a term not to exceed 30 days; or both such fine and jail confinement.

[] Motion to Revoke / Motion to Adjudicate

[] Other: ____

For the above charges, you have the right to an attorney to represent you and your best interest before this court. If you cannot afford an attorney, the Court may appoint one to represent you. You may request an application for a court-appointed attorney from the Court. The application for a court-appointed attorney must be completed and filed with this court, whereupon the Court will determine if you are indigent and qualify to receive a court-appointed attorney.

Please check and sign one of the following options:

[] I have been advised and understand my right to an attorney, and I wish to retain my own counsel to represent me in this matter.

DEFENDANT

[] I have been advised and understand my right to an attorney, and I wish to waive my right to an attorney and would like to speak to a representative from the State about a possible plea agreement.

"I have been advised this _____ day of _____, ____, by the County Court at Law of my right to representation by counsel in the case pending against me. I have been further advised that if I am unable to afford counsel, one will be appointed for me free of charge. Understanding my right to have counsel appointed for me free of charge if I am not financially able to employ counsel, I wish to waive that right and request the court to proceed with my case without an attorney being appointed for me. I hereby waive my right to counsel.

DEFENDANT

[] I have been advised and understand my right to an attorney, and I wish to ask the court to consider my financial situation to determine whether I may be considered indigent and qualify to receive a courtappointed attorney. (You must obtain the application requesting a court-appointed attorney and file it with the Court.)

DEFENDANT

(Below is to be used only after the Court has determined that Defendant is not indigent.)

Please check and sign one of the following options:

[] The Court has found that I am not indigent and do not qualify for a court-appointed attorney. I wish to retain my own counsel to represent me in this matter.

DEFENDANT

[] The Court has found that I am not indigent and do not qualify for a court-appointed attorney. I have been advised and understand my right to an attorney, and I wish to waive my right to an attorney and would like to speak to a representative from the State about a possible plea agreement.

DEFENDANT