

CAUSE NO(S). _____

STATE OF TEXAS

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IN THE _____ COURT

VS.

IN AND FOR

YOUNG COUNTY, TEXAS

Offense(s): _____

Date(s) of Offense(s): _____

APPLICATION FOR COURT APPOINTED ATTORNEY WITH AFFIDAVIT AND ORDER

Every question on this form must be answered. Failure to do so could result in application not being considered. If you need assistance, notify the person in charge of taking this application. You must answer these questions truthfully, failure to do so could subject you to criminal charges.

1. Last Name: _____ First Name: _____ Middle Initial: _____

2. Address _____ Telephone: _____
Number and Street City State Zip Code

3. Married _____ Single _____ Divorced _____ Separated _____ Social Security No. _____

4. Name of Spouse (if any) _____

5. Number of children under age of 18 living with you: _____ Ages: _____

6. I am _____ **PAYING** (or) _____ **RECEIVING** child support in the amount of \$ _____.

7. Are you employed: _____ yes (or) _____ no. Name of employer: _____

8. Your monthly income: \$ _____ Spouse's income (if any): \$ _____

9. If you are **CURRENTLY** receiving income or benefits from any other source, please state source of income, average amount per month and date payment(s) end: _____

10. Names of Employers for the last two years and average monthly salary from each: _____

11. MONTHLY EXPENSES		12. LIABILITIES		13. ASSETS	
Rent/house pmt.		House loan		House value	
Vehicle payment		Vehicle loan		Vehicle value	
Credit card pmt.		Credit card debt		Cash	
Loan payments		Loan debt		Bank Accounts	
Medical pmt.		Medical debt		Stocks	

Child support pmts.		Taxes		Jewelry	
Insurance		Other		Other	
Utilities		TOTAL		TOTAL	
Food & clothing					
IRS/Other					
TOTAL					

14. Closest relative: Name: _____ Telephone: _____
Address: _____

15. Defendant (please indicate) _____ IS or _____ IS NOT currently incarcerated in the Young County Jail.

16. Name of Bail Bondsman, if applicable: _____

On the date indicated below, I was advised by _____ of my right to representation by counsel in the prosecution of the charge(s) pending against me as indicated above. I certify that I am without means to employ counsel of my own choosing, and I hereby request the court to appoint counsel for me.

Defendant

Dated: _____

STATE OF TEXAS
COUNTY OF YOUNG

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§ **KNOW ALL MEN BY THESE PRESENTS:**

BEFORE ME, the undersigned authority, on this day personally appeared the above named defendant, who, upon his/her oath, deposed and said: "I am the applicant in the foregoing *Application for Court Appointed Attorney*, and state that all my answers on the application are true and correct."

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20__.

Clerk of Court or Notary Public

ORDER

On this day came on to be considered the foregoing application for court appointed attorney, and the court, after considering the evidence, is of the opinion that the application should be and the same is hereby:

_____ **GRANTED** _____ **DENIED.**

If granted, it is further ordered that the attorney indicated below, a practicing and qualified attorney of this bar, is hereby appointed as attorney for the defendant in the above-entitled and numbered cause(s) or offense(s). This appointment is effective the date of this order or such earlier date as actual notice of such appointment may have been given to said attorney, if the same appears anywhere in the record of this cause(s).

SIGNED _____.

JUDGE PRESIDING

Appointed attorney and contact information:

