**Indigent Defense Coordinator**

**P.O. BOX 729**

**1902 E. US HIGHWAY 175**

**Kaufman, TX 75142**

**469-376-4759**

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**REQUEST FOR A COURT APPOINTED ATTORNEY**

The following documents will be required to further evaluate your request for a court appointed attorney. The accompanying application and all documents need to be turned in at least one week prior to your court date.

•**If you are employed:** Please provide your last two check stubs. If you are married and your spouse is employed, you will also need their last two check stubs. If you do not receive a physical check stub, please provide a copy of your bank statement showing the direct deposit.

•**If you or your spouse is unemployed:** Please go to the Terrell Workforce Center, 109 Tejas Drive, Suite 300, Terrell, Texas 75160, 972-563-7271. If you are not registered with the Workforce Center, you will need to register. If you are not active and currently seeking work, this process may take some time. Upon registering, you will ask the staff member to print out a Current History and Current Service Report.

•**If you or your spouse receives Social Security and/or Disability:** Please provide the award letter stating the amount you receive.

•**If you are self-employed:** Please provide your tax returns from the last two years.

Once you have completed your application and have the required documentation, turn it in to the Indigent Defense Office located on the first floor of the Kaufman County Courthouse.

Clerical Use

Bond Info \_\_\_\_\_\_\_\_\_\_ Hold: Yes \_\_\_\_ No\_\_\_\_

DOA \_\_\_\_\_\_\_\_\_\_\_\_ Arresting Agency \_\_\_\_\_\_\_\_\_\_\_\_

On View: Yes \_\_\_\_ No\_\_\_\_

**Kaufman County Affidavit of Indigence**

I understand that I must answer these questions truthfully and that the information I provide will be verified by an investigator designated by the court. If it is found that I have provided false or misleading information, I can be charged with the felony offense of AGGRAVATED PERJURY (Texas Penal Code 37.03) and/or TAMPERING WITH A GOVERNMENT DOCUMENT (Texas Penal Code 37.10). Each offense is punishable by up to 10 years in prison and a $10,000 fine. Knowing this, I affirm the following to be true. **You must reapply even if you have had an attorney!**

**Defendant’s Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of Defendant**

Are you currently, or have you ever been, treated for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what form of mental illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an application pending at a mental health facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list the names of any individuals who were arrested with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Information** Names (Please list all dependents here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ages (Please list all dependent ages here) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relatives or Close Friends**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in jail? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need the services of an interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Information**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Defendant’s Financial Information**

If you currently receive any public assistance, circle all that apply and list the amount of assistance under monthly income in the boxes below.

**Food Stamps Medicaid/Medicare/CHIPS Public Housing TANF SSI**

Other public assistance not included (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Monthly Amount** | **Income** | **Monthly Amount** |
| Rent or Mortgage |  | Net Pay |  |
| Auto Payment |  | Spouse’s Net Pay |  |
| Auto Insurance |  | Tips |  |
| Home Insurance |  | Food Stamps |  |
| Life Insurance |  | Rental Income |  |
| Health Insurance |  | Pension Payments |  |
| Child Care |  | Unemployment |  |
| Child Support |  | SSI |  |
| Water |  | Child Support |  |
| Gas |  | TANF |  |
| Telephone |  | Social Security |  |
| Electricity |  | Medicaid/Medicare |  |
| Food |  | Misc Public Assistance |  |
| Medical |  | Cash/Gifts |  |
| Credit Cards |  | Public Housing |  |
| Cable/Internet |  | Alimony |  |
| Loans |  | Settlement |  |
| Other |  | Other |  |
| **Total:** |  | **Total:** |  |

Do you have any cash and/or money in savings or checking accounts? Yes/Total Amount $\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_ Do you own any valuable property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the item(s) owned and values: Property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this day, I have been advised 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 accompanying information about my financial condition is current, accurate, and true. I understand that a court official can verify any of the information for accuracy as required to determine my eligibility. I further understand that if I knowingly submit any incorrect or false information, or if I knowingly fail to submit any information, I will be denied appointment of counsel and may be subject to criminal prosecution for perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date

*This section to be completed by court personnel only.*

This defendant is/is not indigent. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Judge or Court Designee