**REQUEST FOR COUNSEL AND AFFIDAVIT OF INDIGENCE**

**REQUEST FOR COUNSEL**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have been advised of my right to request appointed counsel to represent me in connection with the charge(s) listed and I am requesting appointed counsel because I cannot afford to hire counsel.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |  |
| --- | --- |
| **This portion to be completed by Office Personnel only** | |
| The State of Texas  vs. |  |
| Offense: Misd/Felony Warrant/Cause No.: | Interpreter required?  **Yes  No** |
| Offense: Misd/Felony Warrant/Cause No.: | If yes, language: |
| Offense: Misd/Felony Warrant/Cause No.: | Disability: |
| Offense: Misd/Felony Warrant/Cause No.: | Mental Health Diagnosis: |
| Offense: Misd/Felony Warrant/Cause No.: | Other Concerns: |
| Defendant Currently In:  Correctional Facility Mental Health/Substance Abuse Facility **☐** On Bond | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This portion to be completed With or By Defendant** | | | | | | | | |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | **Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** | | | |
| First Name MI Last Name | | | | | | | | |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Street Apt No. City State Zip Code | | | | | | | | |
| **Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| Cell Work Spouse/Family/Friend Name Relationship Phone | | | | | | | | |
| **I receive:  Medicaid/CHIP  SSI  SNAP/WIC  TANF  Public Housing** | | | | | | | | |
| **Are you Employed?  Yes  No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Number of Hours per Week: \_\_\_\_\_\_\_ Take Home Pay (week/month) \_\_\_\_\_\_\_\_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Marital Status :  Single  Married  Divorced  Widowed  Separated** | | | | | | | | |
|  | | | | | | | | |
| **Dependent Child(ren) (0-18 yrs) (living w/you)** | | | **Age** | **Dependent Child(ren) (0-18 yrs)(not living w/you)** | | | | **Age** |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
|  | | |  |  | | | |  |
| **Residence Information** | | | | | | | | |
| **Rent: yes or no** | **Own: yes or no** | | | **Reside with family: yes or no** | | **Unhoused: yes or no** | | |
|  | | | | | | | | |
| **MONTHLY INCOME AND ASSETS** | | | | **MONTHLY EXPENSES** | | | | |
| **Take home pay** | | **$** | | **Rent/Mortgage** | | | **$** | |
| **Spouse’s take home pay** | | **$** | | **Utilities (Elec., Gas, Water)** | | | **$** | |
| **Child Support (Received)** | | **$** | | **Child Expenses (Incl. Child Support Paid)** | | | **$** | |
| **SNAP (Food Stamps)** | | **$** | | **Total Food Expenses** | | | **$** | |
| **Social Security/Disability** | | **$** | | **Car payment/insurance/gas** | | | **$** | |
| **Other Governmental Assistance** | | **$** | | **Cell phone** | | | **$** | |
| **Other Income** | | **$** | | **Probation/Supervision fees** | | | **$** | |
| **Car Value** | | **$** | | **Mortgage** | | | **$** | |
| **Home Value** | | **$** | | **Car payment** | | | **$** | |
| **Other Assets** | | **$** | | **Other** | | | **$** | |
| **Current bank account balance** | | **$** | | **Medical Expenses / Health Insurance** | | | **$** | |
| **TOTAL MONTHLY INCOME** | | **$** | | **TOTAL MONTHLY EXPENSES** | | | **$** | |

|  |
| --- |
| **Defendant’s Oath**  On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge pending against me. 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’s Signature Date |
| |  |  | | --- | --- | | **COMPLETE ONLY ONE SECTION BELOW** | | | **Defendant’s Unsworn Declaration** | **Administered Oath** | | I declare under penalty of perjury that the financial information in this application is true and correct.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  Name Birth Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Signature Date | SUBSCRIBED and SWORN to before me, the undersigned authority on this  \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authority Printed Name Title | | **ELIGIBILITY REVIEW**  Meets County Plan’s Eligibility Criteria? **☐ Yes ☐ No. Denial Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Reviewing Official Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |
|  |

**ORDER APPOINTING COUNSEL**

On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_, having considered the Affidavit of Indigence and Request for Appointed Counsel executed on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ by Defendant named in the Warrant and/or Cause Numbers listed below, (Attorney Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is HEREBY APPOINTED to represent Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , defendant, in the following matter(s):

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cause/Warrant Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appointed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Title**

**ATTORNEY INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TX Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Defendant’s Bond & Location** | |
| Bond Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bond:  Personal  Cash/Surety  Bonding Company & Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **On Bond**  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Incarcerated**  County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the defendant arrested on an out of county warrant?  Yes  No  If yes, warrant-issuing county:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Necessary forms have been transmitted to the appointing authority in the warrant issuing county within 24 hours on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name Title  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |