

## APPLICATION FOR COURT-APPOINTED ATTORNEY

*This section to be filled out by Court Personnel*

CAUSE # \_\_\_\_\_

The State of Texas  
vs.

In the \_\_\_\_\_ Court

Brazoria County, Texas

JP #: \_\_\_\_\_

Offense \_\_\_\_\_

Bond: \_\_\_\_\_

Level of Offense \_\_\_\_\_

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.



### DEFENDANT'S PERSONAL INFORMATION

Name			
Phone Number			
Street Address			
City, State, Zip			
Social Security #			
Driver's License #			
Date of Birth			
Name of Spouse			
<b>Dependents:</b>			
Name(s) (list below):	Age	Relation	Income
<b>Are you currently in jail or in a correctional institution?</b>			
No			
Yes    If yes, provide name of institution:			

<b>Are you currently residing in a mental health facility?</b>			
No			
Yes    If yes, provide name of facility:			

<b>Do you have an application pending at a mental health facility?</b>			
No			
Yes    If yes, provide name of facility:			

<b>Employer Information</b>	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	_____ per week or _____ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	_____ per week or _____ per month
Pay rate	
<b>If unemployed, list:</b>	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	
<b>Public Assistance</b>	
<b>Are you currently receiving (check all that apply)</b>	
<input type="checkbox"/> Food Stamps	
<input type="checkbox"/> Medicaid	
<input type="checkbox"/> Public housing	
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	
<input type="checkbox"/> Supplemental Security Income (SSI)	

<b>DEFENDANT'S FINANCIAL INFORMATION</b>		
<b>EXPENSES - Monthly</b>	<b>Monthly Payment</b>	<b>Loan and Debt Payments</b>
Rent or Mortgage Payment	_____	<b>Outstanding Loans (list type of Loans)</b>
Car Payment	_____	
Insurance (Life, Health, Car, Homeowners, etc.)	_____	
Child Care	_____	<b>Credit Card Debt (list name of cards)</b>
Child Support	_____	
Water	_____	Name: _____ Balance: \$ _____
Gas	_____	Name: _____ Balance: \$ _____
Telephone	_____	<b>Other Monthly Expenditures (Describe)</b>
Electricity	_____	
Food	_____	
Clothes	_____	
Medical	_____	
Cable TV or Satellite TV	_____	
Cell Phone	_____	
<b>TOTAL MONTHLY EXPENSES</b>		<b>\$ _____</b>



I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I have been advised by the \_\_\_\_\_ Court of my right to representation by counsel to defend me as to the charge(s) 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 my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. I understand that if I receive an appointed attorney and make bond, I shall comply with the additional terms and conditions of bond imposed by the Court. I understand that any violation of these conditions may result in my bond being held insufficient and me being returned to custody.

I also understand that, if found to be partially indigent, I will be ordered to repay Brazoria County for the legal services provided by an appointed attorney in an amount not to exceed the actual costs, including any costs and expenses. The Attorney Fee Schedule may be found in the Brazoria County Standards and Procedures Related to Appointment of Counsel for Indigent Defendants. I also understand that, if found to be partially indigent, I will be required to pay \$100 if charged with one or more misdemeanors or \$250 if charged with one or more felonies pursuant to the Brazoria County Standards and Procedures Related to Appointment of Counsel for Indigent Defendants, which will be credited toward the actual costs owed to Brazoria County for legal services.

\_\_\_\_\_  
Applicant's Signature

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

BY: \_\_\_\_\_  
Notary/Officer

**RECOMMENDATION:**

- Indigent
- Partially Indigent
- Does Not Qualify

Comment: \_\_\_\_\_

Verified on \_\_\_\_\_ by \_\_\_\_\_.

After reviewing this sworn Affidavit of Indigency, I find that this defendant is indigent / partially indigent (circle one) under the guidelines of Brazoria County and is entitled to appointment of an attorney; therefore, the Court appoints \_\_\_\_\_ as the defendant's attorney and as additional conditions of bond, defendant shall (1) keep all appointments with the attorney; (2) attend all court settings on time; and (3) notify the attorney or the attorney's office of any changes in his residence address, business address or telephone numbers within twenty-four (24) hours of such change.

If found to be partially indigent, the defendant is hereby ordered to pay an amount not to exceed the actual costs, including any expenses and costs, paid by Brazoria County for the legal services provided by an appointed attorney during the pendency of the charges. If found to be partially indigent, prior to the appointment of counsel, the defendant shall pay \$100 if charged with one or more misdemeanors or \$250 if charged with one or more felonies pursuant to the Brazoria County Standards and Procedures Related to Appointment of Counsel for Indigent Defendants, which shall be credited toward the actual costs owed by the defendant for legal services.

\_\_\_\_\_ Defendant's Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Court Designee

**VERIFICATION AGREEMENT**

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

BY: \_\_\_\_\_  
Notary/Officer

**MY EMPLOYMENT INFORMATION:**

JOB TITLE: \_\_\_\_\_  
EMPLOYER'S NAME: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
HOURS OF WORK: \_\_\_\_\_  
PAY RATE: \_\_\_\_\_

**MY FINANCIAL INFORMATION:**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
BALANCE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE/PERSON  
SUBJECT TO FINANCIAL INFORMATION