

APPLICATION FOR COURT-APPOINTED ATTORNEY

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: _____

Alternate Number: _____

Address, City, State, Zip: _____

SSN: _____

DL/ID: _____

DOB: _____

Name of Spouse: _____

No. of dependents living with you: _____

Name(s) (list below):

Age

Relation

Income

Name(s) (list below):	Age	Relation	Income

Are you currently in jail or in a correctional institution? NO YES

Name of Institution: _____

Do you have an application pending at a mental health facility? NO YES

Name of Facility: _____

Employer Name: _____

Phone No. _____

Address: _____

Pay Rate: _____

Hours worked: _____

If unemployed, list the last job you had: _____

and how long you have been unemployed _____. What efforts have you made to gain employment?: _____

Spouse's Employer: _____

Phone No. _____

Address: _____

Pay Rate: _____

Hours worked: _____

Public Assistance: (check all that apply)

Food Stamps: Amount: \$ _____

Medicaid

Public housing

Temporary Assistance to Needy Families (TANF)

Supplemental Security Income (SSI/SSDI): Amount: \$ _____

DEFENDANT’S FINANCIAL INFORMATION:

MONTHLY EXPENSES:	PAYMENTS:
RENT/MORTGAGE PAYMENT	
CAR PAYMENT	
Insurance (Life, Health, Car, Homeowners, ETC)	
CHILD CARE	
CHILD SUPPORT	
WATER	
GAS	
ELECTRICITY	
FOOD	
MEDICAL	
CABLE TV/SATELLITE TV	
CELL PHONES	
LOANS	
CREDIT CARDS	
AUTO FUEL	
OTHER MONTHLY EXPENSES DESCRIBE:	
TOTAL MONTHLY EXPENSES:	\$

MONTHLY INCOME:	AMOUNT:
TAKE HOME PAY:	
SPOUSE’S TAKE HOME PAY	
INVESTMENT INCOME	
STOCK/BOND DIVIDEND	
RENTAL INCOME	
PENSION PAYMENTS	
UNEMPLOYMENT	
SOCIAL SECURITY BENEFITS	
CHILD SUPPORT	
TANF	
SSI	
SIDE JOB/ODD JOBS	
OTHER (Describe)	
TOTAL MONTHLY INCOME:	\$

ASSETS	Value
Place of Residence _____ Rent _____ Own Describe if house, condominium, apartment, other:	\$
Real Property Owned; Description/Location:	\$
Automobile Make: _____ Model: _____ Year: _____	\$
Automobile Make: _____ Model: _____ Year: _____	\$
Stock and Bonds (provide description)	\$
Other Property (list: jewelry, tools, equipment, watercrafts, etc.)	\$
Bank Name _____ Type of Account _____ Balance: _____	\$
Bank Name _____ Type of Account _____ Balance: _____	\$
ASSETS TOTAL VALUE	\$ _____

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 _____ 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 a court official can verify any of the information for accuracy. I understand that if I receive an appointed attorney and make bond, I shall comply with the additional bond conditions 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. Bond conditions are as follows: (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 my residence, telephone numbers, or employment within twenty-four (24) hours of such change.

I understand that if I am found to be partially indigent, I am 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, I 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 me, the defendant, 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

Verified on _____ by _____

After reviewing this sworn affidavit of indigence, 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.

Date

Judge/Court Designee