

Indigent Defense Coordinator 712 S. Stagecoach Road Suite 2024 San Marcos, Texas 78666 512-878-6740 idc@co.hays.tx.us

Personal Information:	ENT DEFENSE COMPLAINT FORM	
Name:		
Email:		
Address:		
Home phone:	Other phone:	
Case Information:		
Type of charge you are facing:	□ Felony □ Misdemeanor □ Both	
Are you: □ In Custody □ Relea	ased on Bond	
Is your case: □ Pending/Pre-Trial	□ Resolved/Post-Conviction	
Case number(s):		
Name of Court Appointed Attorney:		
Date Attorney was Appointed:		
	laint. (If more space is needed, please attach an additional sheet.):	
Signature	Date	