

THE STATE OF TEXAS
VS

CAUSE # _____

IN THE DISTRICT COURT

HAYS COUNTY, TEXAS

SO# _____

APPLICATION OF INDIGENCE AND REQUEST FOR COURT APPOINTMENT OF COUNSEL

SPANISH SPEAKING ONLY YES _____ NO _____ CHARGE: _____

DRIVER'S LICENSE #: _____ MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NUMBER OF ACTUAL DEPENDENTS (INCLUDING YOURSELF): _____ NUMBER IN HOUSEHOLD ADULT: _____ CHILDREN: _____

HOW MUCH MONEY DO YOU MAKE: \$ _____ WEEK MONTH YEAR

EMPLOYER'S NAME: _____ PHONE: _____

SPOUSE'S INCOME: \$ _____ WEEK MONTH YEAR

EMPLOYER'S NAME: _____ PHONE: _____

LIST ALL SOURCES OF INCOME AVAILABLE TO YOU, INCLUDING AFDC, FOOD STAMPS, CHILD SUPPORT, OR ANY OTHER.

AMOUNT \$ _____ SOURCE: _____ AMOUNT \$ _____ SOURCE: _____

WHO PAYS FOR FOOD, GAS, CLOTHING, OR OTHER NEEDS? _____

DO YOU OWN A VEHICLE OR OTHER MEANS OF TRANSPORTATION? YES / NO

MAKE: _____ MODEL: _____ YEAR: _____ VALUE: \$ _____

DO YOU OWN OTHER PERSONAL PROPERTY? (FURNITURE/JEWELRY/ETC) _____

DO YOU HAVE ANY CASH AVAILABLE AT HOME, AT THE JAIL OR IN THE BANK? YES / NO \$ _____

DOES ANYONE OWE YOU MONEY? YES / NO WHO? _____ AMOUNT \$ _____

PLEASE LIST ALL DEBTS THAT YOU HAVE: (RENT, MORTGAGE, CAR PAYMENT, LOANS, ETC)

LANDLORD /MORTGAGE: _____ MONTHLY \$ _____

CAR LIEN HOLDER: _____ MONTHLY \$ _____

CREDIT CARDS OR LOANS: _____ MONTHLY \$ _____

_____ MONTHLY \$ _____

I AM / AM NOT FREE ON BAIL. AMOUNT OF BAIL: \$ _____ IF FREE, WHO POSTED MONEY? _____

AMOUNT OF MONEY POSTED: \$ _____ AMOUNT IT COST **YOU** TO GET OUT OF JAIL: \$ _____

I HAVE ATTEMPTED TO HIRE THE FOLLOWING ATTORNEY: _____

"I HAVE BEEN ADVISED BY THE DISTRICT COURT OF MY RIGHT TO REPRESENTATION BY COUNSEL IN HE TRIAL OF THE CHARGE PENDING AGAINST ME. I CERTIFY THAT I AM WITHOUT ANY MEANS TO EMPLOY COUNSEL OF MY CHOOSING AND I HEREBY REQUEST THE COURT TO APPOINT COUNSEL TO ME".

"I FURTHER UNDERTAND THAT I MAY BE ORDERED TO PAY ALL OR PART OF THE ATTORNEY'S FEES, AND THAT THIS APPOINTMENT OF COUNSEL CAN BE RECONSIDERED IF THERE IS A MATERIAL CHANGE IN MY FINANCIAL CIRCUMSTANCES. I FURTHER UNDERSTAND THAT I MAY BE ORDERED TO REPAY HAYS COUNTY ALL OR PART OF THE COST OF COUNSEL IF I AM CONVICTED OF THE CHARGE AS COSTS OF COURT OR AS A TERM OF PROBATION".

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DEFENDANT'S SIGNATURE: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ APT: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL: _____ TODAY'S DATE: ____/____/____

SWORN AND SUBSCRIBED TO BEFORE ME, THIS THE _____ DAY OF _____, 20____, PERSONALLY APPEARED TO THE ABOVE NAMED DEFENDANT WHO SUBSCRIBED THE FOREGOING INSTRUMENT AND AFTER HAVING BEEN DULY SWORN BY ME, STATED ON HIS/HER OATH THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

NOTARY/DEPUTY CLERK

BASED ON THE FOREGOING APPLICATION OF INDIGENCE, THE FOLLOWING ATTORNEY IS HEREBY APPOINTED TO REPRESENT THE DEFENDANT IN THE CAUSE UNTIL CHARGES ARE DISMISSED, THE DEFENDANT IS AQUITTED, APPEALS ARE EXHAUSTED, OR THE ATTORNEY IS RELIEVED OF HIS DUTY OR REPLACED BY OTHER COUNSEL BY LEAVE OF COURT PURSUANT TO ARTICLE 26.04, CODE OF CRIMINAL PROCEDURE:

ATTORNEY NAME: _____ DATE APPOINTED: ____/____/____

JUDGE PRESIDING OR INDIGENT DEFENSE COORDINATOR