

AFFIDAVIT OF INDIGENCE AND APPLICATION FOR COURT APPOINTED ATTORNEY

This section to be filled out by Court Personnel

No. _____

The State of Texas

In the County Court

vs.

of

Palo Pinto County

Offense _____

Level of Offense _____

All information BELOW 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	

Dependents:

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

Are you currently in jail or in a correctional institution?

No

Yes If yes, provide name of institution:

Are you currently residing or application pending at a mental health facility?

No

Yes If yes, provide name of facility:

Employer Information	
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	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance
Are you currently receiving (check all that apply)
<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)

Income (Monthly)	
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock / Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Home etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone/ Cell	
Electricity	
Food	
Medical	
Cable TV or Satellite TV	
Loan and Debt Payments	
Outstanding Loans	
Total Credit Card Debit	
TOTAL MONTHLY EXPENSES	

Assets		Value
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other:		\$
B. Real Property Owned; Description/Location:		\$
C. Automobile(s) Make Model Year		\$
Make Model Year		\$
Make Model Year		\$
D. Stock and Bonds (provide description)		\$
		\$
		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
		\$
		\$
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
G. Other Assets (Identify)		VALUE
		\$
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 the Palo Pinto County Court of my right to representation by counsel in the trial of the charge 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 as required to determine my eligibility.

Defendant's Signature

Cause No. _____

THE STATE OF TEXAS

IN THE COUNTY COURT

VS.

OF

PALO PINTO COUNTY, TEXAS

ORDER DETERMINING RIGHT TO APPOINTMENT OF COUNSEL

Today the defendant's request for the appointment of counsel was heard in open court and evidence presented concerning the defendant's financial resources.

INDIGENCY WITH REIMBURSEMENT

The Court finds the defendant is entitled to the appointment of counsel because:

Defendant is indigent or it is in the interests of justice. The Court further finds Defendant presently has financial resources to pay all or part of the cost of legal services and related expenses.

IT IS HEREBY ORDERED that Defendant is appointed counsel and shall contribute to the cost of legal services and related expenses as may be ordered by the Court.

INDIGENCY WITHOUT REIMBURSEMENT

The Court finds the defendant is entitled to the appointment of counsel because: Defendant is indigent or it is in the interests of justice. The Court further finds Defendant presently has no financial resources to offset the cost of legal services and related expenses.

IT IS HEREBY ORDERED that defendant is appointed counsel in this matter.

IT IS THEREFORE ORDERED that the attorney named below is appointed to represent the defendant until charges are dismissed, the defendant is acquitted, appeals are exhausted, or the attorney is relieved of his duties by the court or replaced by other counsel.

NO FINANCIAL NEED

The defendant has the financial resources to employ counsel and the appointment of counsel in the interests of justice is not necessary. The request is DENIED at this time.

SHANE LONG
COUNTY JUDGE PRESIDING