

# SAN PATRICIO COUNTY AFFIDAVIT OF INDIGENCE AND REQUEST FOR COURT-APPOINTED ATTORNEY

THIS PORTION TO BE COMPLETED BY OFFICE PERSONAL ONLY:

COURT: (CIRCLE THE APPROPRIATE COURT) **DISTRICT COURT** OR COUNTY COURT AT LAW

State of Texas vs. \_\_\_\_\_

Pending Charge (s): \_\_\_\_\_

Cause No.(s): \_\_\_\_\_

Interpreter Required/Requested: Yes (or) No Language Required: Spanish (or) Other: \_\_\_\_\_

**IMPORTANT: THIS FORM TELLS THE COURT THAT YOU ARE REQUESTING AN ATTORNEY REPRESENT YOU ON YOUR PENDING CHARGES, BUT DO NOT HAVE THE MONEY TO HIRE AN ATTORNEY. IF YOU QUALIFY UNDER THE LAW, A JUDGE WILL APPOINT AN ATTORNEY TO REPRESENT YOU IN YOUR CASE. IF YOU DO NOT FILL OUT THE FOLLOWING FORM COMPLETELY AND PROVIDE ALL REQUESTED INFORMATION, IT MAY LEAD TO A DELAY IN PROVIDING YOU WITH A COURT-APPOINTED ATTORNEY, EVEN IF YOU QUALIFY UNDER THE LAW. PLEASE READ CAREFULLY AND FILL IN ALL REQUIRED INFORMATION.**

### DEFENDANT'S PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First MI Last

Address \_\_\_\_\_  
Street Apt No. City State Zip Code

Phone Numbers \_\_\_\_\_  
Home Cell Work Family Member

Last 4 digits of Social Security Number \_\_\_\_\_ Employment: \_\_\_\_\_

Marital Status :  Single  Married/Common Law  Divorced  Widowed  Separated

Name of Spouse \_\_\_\_\_  
First MI Last

Spouse's Phone # \_\_\_\_\_ Personal Email address \_\_\_\_\_

Dependent Child(ren) Name (0-18 yrs.) Age


### RESIDENCE INFORMATION

Rent: yes or no    Own: yes or no    Reside with family: yes or no    Homeless: yes or no

### MONTHLY HOUSEHOLD INCOME & EXPENSES

My take home pay	\$		Rent/Mortgage	\$
Spouse's take home pay	\$		Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$		Child Support (Paid)	\$
Social Security/Disability	\$		Groceries	\$
Unemployment/Workers Compensation	\$		Car payment/insurance	\$
Food Stamps	\$		Cell/home phone	\$
Checking/Savings/Assets	\$		Probation fees	\$

Do you having any other charges pending/what county: \_\_\_\_\_

**By signing below,**

**I have been advised by a magistrate 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 below, I swear, that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.**

\_\_\_\_\_  
**Defendant's Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Magistrate/ Clerk/ Notary/ Jail Staff**

\_\_\_\_\_  
**Date**

**Completed with Defendant:** \_\_\_\_\_

**Submitted to Clerk:** \_\_\_\_\_

**For Court Use Only:**

**ORDER APPOINTING COUNSEL**

On this day came on to be heard the above sworn affidavit and the Court having determined that the defendant is not represented by counsel and that said defendant does not have sufficient money or other property to employ counsel and has requested appointed counsel in charges pending before this court. \_\_\_\_\_, is appointed to represent the said defendant on pending charges in accordance with the Texas Fair Defense Act and the County Plan on file.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
Clerk

**APPROVED:** \_\_\_\_\_  
**Judge Presiding**