

APPLICATION FOR COURT-APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

OFFENSE(S) CHARGED:	OFFENSE DEGREE:	WARRANT NUMBER(S):
Full name: _____ Birth date: ___/___/___ Age: _____		
Mailing address: _____, _____, _____		
Phone number: (____) _____ - _____ Email address: _____@_____._____ Do you read, write, understand the English language? _____ Language you speak? _____		
INCOME		
I am working as a _____ for _____.		
My gross earnings are \$ _____ per week.		
Spouse's Name _____ Spouse's weekly income gross \$ _____		
Number of people who depend on you financially : _____ Who do you live with? _____		
Make, model, and year of automobile(s): _____		
Are you currently employed? _____	If yes, how much do you receive monthly? \$ _____	
Do you receive unemployment? _____	If yes, how much do you receive monthly? \$ _____	
Do you receive public benefits? _____	If yes, how much do you receive monthly? \$ _____	
<input type="radio"/> Food Stamps <input type="radio"/> TANF <input type="radio"/> Public Housing <input type="radio"/> Medicaid <input type="radio"/> SSI <input type="radio"/> Other __Years __Months		
Do others in your home work? _____	If yes, how much do they receive monthly? \$ _____	
Do you have other sources of income? _____	If Yes, how much do you receive monthly? \$ _____	
Total monthly income(combine above totals): \$ _____		
ASSETS/VALUE OF PROPERTY YOU OWN		
Total amount of cash on hand: \$ _____ Total amount in checking/savings: \$ _____		
Other property (stocks, land, jewelry): \$ _____		
TOTAL VALUE: \$ _____		
MONTHLY EXPENSES YOU PAY (DOES NOT INCLUDE WHAT OTHERS PAY)		
Rent/house payment(s): \$ _____	Food and household supplies: \$ _____	
Utilities and telephone: \$ _____	Medical and dental expenses: \$ _____	
School/childcare/child support: \$ _____	Car payment/Insurance: \$ _____	
Any other expenses: \$ _____		
TOTAL VALUE: \$ _____		
I am / am not free on bail for another offense. If yes, Amount of Bail \$ _____ Offense: _____ County: _____		

I certify the above financial affidavit to be correct and further certify that I have been advised of my rights to representation by counsel for the charge(s) listed above pending against me and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify that the interest of justice require court-appointed representation for me before this Court. I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment to exceed 10 years or less than 2 years and a fine not to exceed \$10,000.

X _____ (SIGNED BY DEFENDANT) DATE: ___/___/___

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, 20____

PRESIDING JUDGE/MAGISTRATE/NOTARY PUBLIC

RECOMMENDATION BY COURT ADMIN/MAGISTRATE/PRESIDING JUDGE (CIRCLE ONE): APPROVE DENY

I hereby appoint _____ a practicing attorney of the State of Texas on the ___ day of _____ 20__.

PRESIDING JUDGE/MAGISTRATE/NOTARY PUBLIC