

Cause No. \_\_\_\_\_

**AFFIDAVIT OF INDIGENCE/REQUEST FOR COUNSEL/NOTICE OF INTENT TO HIRE COUNSEL**

*THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY*

The State of Texas  
vs.

\_\_\_\_\_ DISTRICT COURT \_\_\_\_\_ COUNTY COURT  
JUSTICE/MUNICIPAL COURT

Offense: F1/F2/F3:MA/MB/MC	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: F1/F2/F3:MA/MB/MC	If yes, language required:
Offense: F1/F2/F3:MA/MB/MC	Magistrate's Cause and Court:
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility	

*THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT*

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

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

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

Email: \_\_\_\_\_ On Bond? Yes/No Amount? \_\_\_\_\_

I receive:  Medicaid  SSI  SNAP  TANF  Public Housing

Are you Employed?  Yes  No If yes, where? \_\_\_\_\_ Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed  Separated

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

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

**RESIDENCE INFORMATION**

Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
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MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	\$	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$

Cause No. \_\_\_\_\_

### Defendant's Oath

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge pending against me. I understand 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 Matagorda County all or part of the cost of counsel if I am convicted of the charge as a cost of court or as a term of probation.

#### CHECK THE APPROPRIATE BOX BELOW

- I hereby swear or affirm, upon penalty of perjury, that the information provided above in this affidavit is complete, and is true and correct. That I am **WITHOUT MEANS TO HIRE AN ATTORNEY** of my own choosing and **HEREBY REQUEST THE COURT TO APPOINT AN ATTORNEY** to represent me in this action(s).
- I hereby swear or affirm, upon penalty of perjury, that the information provided above in this affidavit is complete, and is true and correct. That I **HAVE MEANS TO HIRE AN ATTORNEY** of my own choosing and I **DO NOT WISH TO HAVE THE COURT APPOINT AN ATTORNEY** to represent me in this action(s). I **INTEND TO HIRE AN ATTORNEY**.

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

\_\_\_\_\_  
Date

### ONLY ONE SECTION BELOW TO BE COMPLETED.

#### ADMINISTERED OATH (Clerk/Notary ONLY)

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

\_\_\_\_\_  
Clerk/Notary Public Signature

\_\_\_\_\_  
Date

#### UNSWORN DECLARATION BY DEFENDANT (Defendant ONLY)

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_.  
(First Name) (Middle Name) (Last Name)

My address is \_\_\_\_\_  
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

#### Defendant Currently Meets Eligibility Requirements?

YES

NO

Date \_\_\_\_\_

Cause No. \_\_\_\_\_

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_ is appointed to represent defendant \_\_\_\_\_ on the following charge(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_  
**Appointing Authority**

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

**Attorney's Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Defendant's Location**

Bond Amount: \$ \_\_\_\_\_ Bond:  Personal  Cash/Surety  
Bonding Company: \_\_\_\_\_

On Bond

Jailed

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

County \_\_\_\_\_  
Facility \_\_\_\_\_

Was the defendant arrested on an out of county warrant?  Yes  No

If yes, warrant-issuing county: \_\_\_\_\_

Necessary forms have been transmitted to the appointing authority in the warrant issuing county within 24 hours.