

I AM REQUESTING COURT APPOINTED COUNSEL I DO NOT REQUIRE/WANT COURT APPOINTED COUNSEL

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? _____

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? \$ _____

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: \$ _____ **TOTAL VALUE: \$ _____**

Other property (stocks, land, jewelry): \$ _____ (COMBINE ALL TOTALS TO THE LEFT)

MONTHLY EXPENSES YOU PAY (DOES NOT INCLUDE WHAT OTHERS PAY)

Rent/house payment(s): \$ _____ Car payment(s), insurance, and gas: \$ _____

Food and household supplies: \$ _____ Any other expenses: \$ _____

Utilities and telephone: \$ _____

Medical and dental expenses: \$ _____ **TOTAL VALUE: \$ _____**

School and childcare/child support: \$ _____ (COMBINE ALL TOTALS)

UNSWORN DECLARATION BY DEFENDANT

My name is _____ My date of birth is _____.

My address is _____.

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

Executed in _____ County, State of Texas, on the _____, day of _____, 20____

X _____ (SIGNED BY DEFENDANT) DATE: _____

PLEASE PROVIDE COMPLETE RESPONSES.
INCOMPLETE/INACCURATE APPLICATIONS MAY NOT BE CONSIDERED OR RESULT IN BEING DENIED.

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APPLICATION FOR COURT-APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

TYPE OF CASE:	CAUSE NUMBER:	COURT:

Full name: _____ Birth date: ____/____/____ Age: ____

Mailing address: _____

Phone number: (____) _____-_____ Email address: _____@_____.

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ESTOY PIDIENDO UN ABOGADO DE OFICIO

NO NECESITO/QUIERO UN ABOGADO DE OFICIO

SOLICITUD PARA ABOGADO DE OFICIO Y DECLARACIÓN FINANCIERA

TIPO DE OFENSA(S):

GRADO DE OFENSA:

NUMERO(S) DE ORDEN JUDICIAL:

Nombre completo: _____ Fecha de nacimiento: ___/___/___/ Edad: _____

Domicilio: _____, _____, _____

Número de teléfono: (____) _____ Correo electrónico: _____@_____.

¿Lee, escribe, entiende el idioma Ingles? _____ ¿Que idioma habla? _____

Número de personas que dependen de usted financieramente: _____ ¿Con quién vive usted? _____

Marca, modelo y año de vehículo(s): _____

¿Está trabajando actualmente? _____ Si la respuesta es sí, ¿cuánto recibe por mes? \$ _____

¿Recibe desempleo? _____ Si la respuesta es sí, ¿cuánto recibe por mes? \$ _____

¿Recibe beneficios públicos? _____ Si la respuesta es sí, ¿cuánto recibe por mes? \$ _____

¿Otros en su casa trabajan? _____ Si la respuesta es sí, ¿cuánto recibe por mes? \$ _____

¿Tiene otras fuentes de ingresos? _____ Si la respuesta es sí, ¿cuánto recibe por mes? \$ _____

Total de ingresos por mes (combine los totales anteriores) \$ _____

BIENES/VALOR DE PROPIEDAD QUE POSEE

Cantidad total de dinero en efectivo disponible: \$ _____

Cantidad total en cuenta de cheques/cuenta de ahorros: \$ _____ VALOR TOTAL: \$ _____

Otra propiedad (acciones, terrenos, joyas): \$ _____ (COMBINE TODOS LOS TOTALES A LA ISQUIERDA)

GASTOS MENSUALES QUE USTED PAGA (NO INCLUYE LO QUE OTROS PAGAN)

Renta/pago(s) de casa: \$ _____ Pagos de vehículo(s) seguro y gasolina: \$ _____

Alimentos y artículos para el hogar: \$ _____ Cualquier otro gasto: \$ _____

Servicios públicos y teléfono: \$ _____

Gastos médicos y dentales: \$ _____ VALOR TOTAL: \$ _____

Escuela y guardería/manutención de niños: \$ _____ (COMBINE TODOS LOS TOTALES)

DECLARACION NO JURADA POR EL ASUCADO

Mi nombre es _____ Mi fecha de nacimiento es _____

Mi domicilio es _____

Yo declaro bajo castigo de perjurio que la información proporcionada es verdad y correcta.

Ejecutado en el condado de _____, Estado de Texas, este _____ día de _____, 20__

X _____ (FIRMADO POR EL ACUSADO) FECHA: _____

FAVOR DE PROVEER RESPUESTAS COMPLETAS.

SOLICITUDES INEXACTAS/INCOMPLETAS NO PUEDEN SER CONSIDERADAS O RESULTAR EN QUE LAS NIEGUE