

Warrant #	Issuing Authority#	Degree	Charge Description

Defendant's Form for Court Appointed Attorney

To determine eligibility for Court Appointed Attorney, you must complete this form.

Defendant's Personal Information

Defendant's Full Legal Name	
Address	
Phone#	
Email#	

Do you speak English? yes no If not, what is your principal language? _____

I will retain my own attorney: _____ *Date:* _____
Defendant's Signature

DO NOT CONTINUE FILLING OUT THIS FORM IF DEFENDANT IS TO RETAIN OWN ATTORNEY

<p>Public Assistance: Do you receive, or are you supported by someone who is currently receiving (check all that apply):</p> <p><input type="checkbox"/> Food Stamps <input type="checkbox"/> Temporary Assistance to Needy Families <input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Unemployment</p> <p style="text-align: center;">DO NOT CONTINUE FILLING OUT THIS FORM IF DEFENDANT HAS CHECKED ONE OR MORE OF THE PUBLIC ASSISTANCE BOXES. STILL MUST SIGN AT THE BOTTOM.</p>

Size of Family Unit: (Members of immediate family that you support financially including child support [if you are actually paying it] (List names, age, & relationship))		
Name:	Age:	Relationship:

<p>Defendant's Employment Information</p> <p>Are you employed? <input type="checkbox"/> yes <input type="checkbox"/> no If "yes", how long? _____ Yrs. _____ Months</p> <p>If "YES" and if you are presently in jail, is your job available in the event you make bail? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If "NO" – date last worked: _____ (and fill in last employer information below)</p> <p>Job title, position or type of work: _____</p> <p>Employer's Name: _____</p> <p>Employer's Address: _____</p> <p>Supervisor's Name: _____ Work Phone: _____</p> <p>Pay rate: \$ _____ every (wk) (2 wks) (semi-monthly) (monthly) Hours worked per week: _____</p>
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Net Asset Values -- (answer all questions and enter a "0" if applicable – no blanks)

NOTE: these questions require you to answer as to property you own, anything held in trust or anything someone is holding for you.

Do you have any cash <u>anywhere</u> ? ___ yes ___ no	How much	\$ _____
Do you have any money in accounts of any kind (checking, savings, CD, or elsewhere)? ___yes ___no	How much	\$ _____
Do you have any rental property, stocks, bonds or other income producing property of any kind? ___yes ___no		
	FMV \$ _____	Owe \$ _____ Net \$ _____
Real Estate owned (other than listed above):	FMV \$ _____	Owe \$ _____ Net \$ _____
All vehicles, boats, motorcycles, trucks, etc.	FMV \$ _____	Owe \$ _____ Net \$ _____
All other property (guns, coins, furniture, anything)	FMV \$ _____	Owe \$ _____ Net \$ _____
	Total Net \$ _____	

GROSS Monthly Income: (Use 12 month avg. if needed)	
Your Salary	
Salary of spouse or significant other	
SSI/SSDI	
AFDC	
Social Security Check	
Other Government Check	
Child Support	
Other Income	
All other sources of money (trust fund, structured settlement, allowance, scholarships, gifts, investments, etc. – any money you receive)	
Total Monthly Income	

Necessary Monthly Living Expenses	<u>Monthly</u> Amount	For Use of Court ONLY
Rent/Mortgage:		
Utilities (gas, electric, etc.)		
Transportation		
Clothes/Food		
Day Care/ Child Care		
Medical Expenses		
Telephone/Cable TV/Internet		
Credit Cards (total owed \$ _____)		
Loan Payments (total owed \$ _____)		
Court-Ordered Payments		
Child Support		
Total Necessary Monthly Expenses		

*I have been advised of my right to representation by counsel in the trial of the charge pending against me. I have no means to employ counsel of my own choosing and I hereby request that the court appoint counsel for me. Any misrepresentation of this information to the court may be grounds for further action against me. I authorize the District or County Court of Burnet, Llano, Blanco and San Saba County, its employees or agents, to conduct a thorough investigation of my information. I, the undersigned, being duly sworn depose and say **under penalty of perjury**, that the facts contained herein are true and correct. I will immediately notify the court of any changes in my financial situation.*

Signature of defendant: _____ Date: _____