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

This portion to be completed by office COURT: (circle the appropriate court			Coun	ГҮ COURT AT LAW		
State of Texas vs						
Pending Charge (s):						
Cause No.(s):						
Interpreter Required/Requested: Yes (or)			No	To Language Required: Spanish (or) Other:		
IMPORTANT: THIS FORM TELLYOUR PENDING CHARGES, BUT LAW, A JUDGE WILL APPOINT OF THE PROVIDING YOU WITH A COUR CAREFULLY AND FILL IN ALL R	DO NO? AN ATT CLY ANI T-APPO	T HAVE THE MO ORNEY TO REP O PROVIDE ALI INTED ATTORN	ONEY RESEI REQ EY, E	TO HIRE AN ATTOR NT YOU IN YOUR CA UESTED INFORMAT	RNEY. IF YOU ASE. IF YOU D TON, IT MAY 1	QUALIFY UNDER THE O NOT FILL OUT THE LEAD TO A DELAY IN
	[	DEFENDANT'S PE	RSON	AL INFORMATION		
NameFirst	First MI		Las	st	Date of Birth/_/	
AddressStreet Apt No.				City	State	Zip Code
Phone Numbers Home		Cel	l		ork	Family Member
Last 4 digits of Social Security Number			Employ	vment:		
Name of Spouse	Married/C		Divorce	d □ Widowed □ Sepa	arated	
First MI			Last			
Spouse's Phone #  Dependent Child(ren) Name (0-18 yrs.)	Age	Pe	rsonal I	Email address		
Doponaone omaçion) name (e 10 jio)	1,90					
		RESIDENC	E INFO	RMATION		
Rent: yes or no	Own: yo	es or no Res	ide with	n family: yes or no	Homeless: yes o	or no
	<u>!</u>	MONTHLY HOUSEH	IOLD IN	COME & EXPENSES		
My take home pay	\$			Rent/Mortgage		\$
Spouse's take home pay	\$			Utilities (Elec., Gas, Wat	ter)	\$
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	<b>Date</b>
SUBSCRIBED and SWORN to before me, the undersigned authority, this, 20	sday of
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 sa	aid defendant does
not have sufficient money or other property to employ counsel a	and has requested
appointed counsel in charges pending before this court.	······································
is appointed to represent the said defendant on pending charges in ac	cordance with the
Texas Fair Defense Act and the County Plan on file.	
Date:	
By:	
ADDDOVED	
APPROVED:	