

CAUSE NO. _____

THE STATE OF TEXAS

§

IN THE

§

☐ _____ DISTRICT COURT

VS.

§

☐ COUNTY COURT AT LAW _____

§

OF

§

FORT BEND COUNTY, TEXAS

APPLICATION FOR COURT APPOINTED COUNSEL/FINANCIAL STATUS OF DEFENDANT

INSTRUCTIONS

1. Please complete the entire Application, filling in each section/blank fully and completely.
2. If a section/blank does not apply to you, please put N/A. **DO NOT LEAVE ANY BLANKS.**
3. If your Application is not completed correctly or in full, you will be required to complete or correct the Application at your arraignment docket.
4. When you have completed this Application, please select the SUBMIT button at the end of the Application.

COMES NOW _____, Defendant in the above numbered and entitled cause, and would respectfully show the court as follows:

Defendant's Full Name: _____ DOB: _____

Address (including Apt #): _____

City: _____

Telephone Number(s): Cell: (____) _____ Home Phone: (____) _____

Email: _____

Spouse's Full Name: _____

Initials and age of children supported by defendant under the age of 18 or over the age of 18 if enrolled in high school/college:

(1) _____ Age _____ (4) _____ Age _____

(2) _____ Age _____ (5) _____ Age _____

(3) _____ Age _____ (6) _____ Age _____

List all income received by Defendant and/or Defendant's spouse per month:

1. Defendant's Employer: _____

Occupation: _____

If unemployed, give date of last employment: _____

Take Home Salary per month after taxes: \$ _____

2. Spouse's Employer: _____

Occupation: _____

Take Home Salary per month after taxes: \$ _____

3. List other income that Defendant and/or spouse receive from any source and amount received per month.

Other Income

Amount Per Month

(a) Child Support \$ _____

(b) Welfare (Food Stamps) \$ _____

(c) Worker's Compensation \$ _____

(d) Unemployment Compensation \$ _____

(e) Disability \$ _____

(f) Retirement \$ _____

(g) Other Sources of Income \$ _____

Total Income (Add 1 thru 3) \$ _____

Monthly Expenses owed by Defendant and/or Spouse:

(1) Rent/Mortgage \$ _____

(2) Car Payments \$ _____

(3) Car Insurance/Gas Expenses \$ _____

(4) Utilities (e.g., gas, water, electricity, phone) \$ _____

(5) Insurance (health/home) \$ _____

(6) Food \$ _____

(7) Child Support/Child Care \$ _____

(8) Legal Expenses \$ _____

Other: (Loans, Credit Cards, etc.)

(9) _____ \$ _____

(10) _____ \$ _____

Total Expenses (Add 1 thru 10) \$ _____

Balance (Income minus Expenses) \$ _____

Assets:

(1) Real Property owned by Defendant and/or spouse, give property description and fair market value:

a. _____ \$ _____

b. _____ \$ _____

(2) Stocks and Bonds owned by Defendant and/or spouse, give description and fair market value:

a. _____ \$ _____

b. _____ \$ _____

(3) Automobile(s) owned by Defendant and/or spouse. Give year, make, model and fair market value:

a. _____ \$ _____

b. _____ \$ _____

(4) Amount in Checking and Savings Accounts: \$ _____

a. Checking Account \$ _____

b. Savings Account \$ _____

Total Assets (Add 1 thru 4) \$ _____

On this _____ day of _____, 20_____, I have been advised by the Court of my right to representation by counsel in the trial of the charges pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the Court to appoint counsel for me.

Notice: To directly send this form to Indigent Defense, please press the SUBMIT button below. Be advised, the document will only automatically send if you have Adobe Reader. If you do not have Adobe Reader you can send this document via email to IndigentDefense@fortbendcountytexas.gov

DEFENDANT

COURT STAFF ASSISTING DEFENDANT
PRINTED NAME: _____