

CAUSE NO. _____

APPLICATION FOR COURT-APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

Type of Case/Offense: _____

1. My full legal name is _____ and I am fully competent to make this affidavit.
2. I live at: _____
3. Social Security No.: _____ Phone Number: _____
4. Age: _____ Date of Birth: _____ Place of birth: _____
5. Names and relationship of those persons who live with me or who are otherwise dependent upon me for support:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. Number of years married to the person listed above: _____
7. How long at this address: _____ How long at last address: _____
8. House, apartment, condominium: _____ Renting or buying: _____
9. Job or occupation: _____
10. I am employed/unemployed: _____
11. Employer's Name: _____
12. Employer's Address: _____
13. Work phone number: _____ Supervisor's Name: _____
14. If unemployed, my last job was and the date(s) I was employed: _____

15. My average TOTAL monthly income from all sources: \$ _____
16. Average TOTAL income of spouse/significant other: \$ _____
17. Identify and list any and all other sources of income
Not considered in questions 15 and 16 (including child
Support, allowances, scholarships, gifts, etc.) \$ _____
TOTAL VALUE of 15 through 17: \$ _____
18. Total of cash on hand, checking accounts, savings accounts,
certificates of deposit, stocks, mutual funds, etc. \$ _____
19. Value or real estate owned less amount owed:
(other than family residence) \$ _____
20. Make, model and year of automobile(s) _____
21. Value of automobile, less amount owed: \$ _____
22. Monthly rent or house payment: \$ _____
23. Total monthly utilities: \$ _____
24. Total monthly vehicle payments: \$ _____
25. List all other monthly expenses:
TYPE OF DEBT
\$ _____
\$ _____
\$ _____

_____ \$ _____
TOTAL MONTHLY DEBTS AND EXPENSES of 21 through 25 \$ _____

26. Are you or your dependents currently receiving any benefits from the following governmental programs:

Governmental Program	YES	NO
(a) Food stamps	_____	_____
(b) Denton County Health Services	_____	_____
(c) Temporary Assistance for Needy Families	_____	_____
(d) Supplemental Security Income	_____	_____
(e) Public Housing	_____	_____

27. I am currently: (circle one) In Jail On Bond

28. If in jail, will you be able to make bond in the near future: (circle one) YES NO

29. I _____ have _____ have not attempted to hire an attorney in this case.

The names of the attorneys I have contacted are:

Do you read, write or understand the English language? Yes No

If you answered "no" what language are you able to understand? _____

I certify the above financial affidavit to be correct and further certify I have been advised of my right to representation by counsel for the charge(s) and/or case listed above pending against and I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify the interests of justice require court-appointed representation for me before this Court.

I understand if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00).

Defendant/Respondent

Sworn to and subscribed before me this the _____ day of _____, 20_____.

Judge, Magistrate, Notary Public, Clerk of Court