

REQUEST FOR APPOINTMENT OF COUNSEL AND DETERMINATION OF INDIGENCE

"On this ___ day of ___, 20___, I have been advised by a Magistrate of Gaines County, Texas 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 that the court appoint counsel for me. I am charged with a Class ___ Misdemeanor/ ___ Degree Felony."
Charge: ___ Cause No.: ___ Bond Co. ___
Printed Name: ___

QUESTIONNAIRE CONCERNING FINANCIAL RESOURCES

A person who requests a determination of indigence and appointment of counsel shall complete under oath the following questionnaire concerning his/her financial resources and, if requested, must respond under oath to examination regarding his financial resources by the judge responsible for determining whether the person is indigent.

Name: ___ Sex: ___ Date of Birth: ___ Your citizenship: ___
Maiden Name: ___ Alias/Nicknames: ___ DL# ___ Soc. Sec. ___
Address: ___ Do you: ___ Own ___ Rent How long at current address? ___
(Physical Address) (City, County, State, Zip)
Live with: ___ Relationship: ___ Phone #: ___ Mobile/Cell Phone #: ___ Fax #: ___
Previous Address: ___
(Physical Address) (City, County, State, Zip)

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced Spouse's Name: ___ Year of Marriage: ___
Names and ages of dependents living with you: ___

Current Occupation: ___ How Long? ___ Employer: ___
Supervisor's Name: ___ Title: ___
Address: ___ Phone #: ___
(Physical Address) (City, County, State, Zip)
Previous Employer: ___ Phone #: ___
Address: ___
(Physical Address) (City, County, State, Zip)

Your current health condition: ___
Are you or your dependents currently receiving: ___ Food Stamps ___ Medicaid ___ Temp. Assist. For Needy Families ___ Public Housing ___ Supplemental Soc. Sec. Income

List sources of income and average annual amounts:
A. Take-home wages and/or salary \$ ___
B. Net Self Employment Income \$ ___
C. Government Program Income \$ ___
D. Unemployment/Disability/Retirement Income \$ ___
E. Alimony/Child Support Income \$ ___
F. Annuities/Dividends/Interest Income \$ ___
G. Rental/Royalty Income \$ ___
H. Trust/Estate Income \$ ___
I. Available Spouse Income \$ ___

List your outstanding obligations and balances due:
A. Mortgages: ___ \$ ___
B. Auto Loans: ___ \$ ___
C. Other Loans: ___ \$ ___
D. Credit Cards: ___ \$ ___
E. Child Support: ___ \$ ___

List all assets/property owned and value:
A. Real Estate: ___ \$ ___
B. Automobiles: ___ \$ ___
C. Cash/Bank Accounts: ___ \$ ___
D. Stocks/Bonds: ___ \$ ___

List your necessary living expenses:
A. House Mortgage/Rent: ___ \$ ___
B. Utilities: ___ \$ ___
C. Food: ___ \$ ___
D. Medical: ___ \$ ___
E. Child Care: ___ \$ ___
F. Transportation: ___ \$ ___

STATE OF TEXAS
COUNTY OF GAINES

"I swear/affirm that the foregoing answers concerning my financial resources are true and correct."

Signature: ___
Print Name: ___

Subscribed and sworn to before me on this ___ day of ___, 20___.

Notary Public, State of Texas/Magistrate