

Cause # or Warrant # _____ County: Blanco Burnet Llano San Saba

 Jail? On Bond? What type? Surety PR Cash.

Charge _____

A completed form is required
for EVERY person
magistrated in the jail.

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: _____ Phone #: _____

Address: _____

DOB: _____ Social Security #: _____ Drivers License # _____ State _____

Special Needs (physical handicap, chronic illness, MHMR patient, etc): _____

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

Public Assistance: Do you receive, or are you supported by someone who is currently receiving (check all that apply):

 Food Stamps Temporary Assistance to Needy Families Public Housing
 Medicaid Supplemental Security Income Worker's Comp Unemployment

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.

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:

Defendant's Employment Information

Are you employed? yes no If "yes", how long? _____ Yrs. _____ Months
If "YES" and if you are presently in jail, is your job available in the event you make bail? yes no
If "NO" - date last worked: _____ (and fill in last employer information below)

Job title, position or type of work: _____

Employer's Name: _____

Employer's Address: _____

Supervisor's Name: _____ Work Phone: _____

Pay rate: \$ _____ every (wk) (2 wks) (semi-monthly) (monthly) Hours worked per week: _____

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 anywhere? 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

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)		Determination of Eligibility by Low Income Guidelines	
Your Salary		Number of Persons in the Household =	Total Monthly Income = \$
Salary of spouse or significant other			Amount from table below, monthly = \$
SSI/SSDI		<input type="checkbox"/> does <input type="checkbox"/> does not qualify based on low income guidelines	
AFDC		Qualifies if monthly income for the household size is LESS THAN the table amount.	
Social Security Check		MONTHLY EXPENSES NOT NEEDED IF DEFENDANT QUALIFIES BASED ON THIS CRITERIA.	
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			

For misdemeanors, use the 100% column and for felonies, use 150% of 2003 U.S. Dept. of Health and Human Services Poverty Guidelines

Size of Family Unit	100%	Mo. @ 100%	150%	Mo. @ 150%	Size of Family Unit	100%	Mo. @ 100%	150%	Mo. @ 150%
1	\$ 8,980	748	13,470	1,123	5	21,540	1,795	32,310	2,693
2	12,120	1,010	18,180	1,515	6	24,680	2,057	37,020	3,085
3	15,260	1,272	22,890	1,908	7	27,820	2,318	41,730	3,478
4	18,400	1,533	27,600	1,515	8	30,960	2,580	46,440	3,870
For each additional person add →						3,140	262	4,710	393

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

FOR COURT USE ONLY	
Summary	
Total Income from above	
- Total Expenses from left	
= Net	

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, 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: _____

PROCESSING CHECKLIST		
PROCEDURE:	By (Initials)	Action Date
Application taken		
FOR JUDGE'S STAFF USE ONLY:		
Comments: _____		
Defendant <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT have sufficient net assets to use in hiring a lawyer.		
Defendant meets eligibility requirements: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNDETERMINED because _____		
Judge's Office <input type="checkbox"/> granted <input type="checkbox"/> denied. If granted, attorney appointed: _____		
Monthly amount Dft. to pay: <input type="checkbox"/> None or \$ _____		
Defense Atty notified by: <input type="checkbox"/> mail <input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> hand Staff initials and date: _____		