

CAUSE NO(S). \_\_\_\_\_

STATE OF TEXAS

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§

IN THE \_\_\_\_\_ COURT

VS.

IN AND FOR

YOUNG COUNTY, TEXAS

Offense(s): \_\_\_\_\_ Date(s) of Offense(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR COURT APPOINTED ATTORNEY WITH AFFIDAVIT AND ORDER**

Every question on this form must be answered. Failure to do so could result in application not being considered. If you need assistance, notify the person in charge of taking this application. You must answer these questions truthfully, failure to do so could subject you to criminal charges.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

2. Address \_\_\_\_\_ Telephone: \_\_\_\_\_  
Number and Street City State Zip Code

3. Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Name of Spouse (if any) \_\_\_\_\_

5. Number of children under age of 18 living with you: \_\_\_\_\_ Ages: \_\_\_\_\_

6. I am \_\_\_\_\_ PAYING (or) \_\_\_\_\_ RECEIVING child support in the amount of \$ \_\_\_\_\_

7. Are you employed: (please check) \_\_\_\_\_ yes (or) \_\_\_\_\_ no. Name of employer: \_\_\_\_\_

8. Your monthly income: \$ \_\_\_\_\_ Spouse's income (if any): \$ \_\_\_\_\_

9. If you are CURRENTLY receiving income or benefits from any other source, please state source of income, average amount per month and date payment(s) end: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Names of Employers for the last two years and average monthly salary from each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. MONTHLY EXPENSES		12. LIABILITIES		13. ASSETS	
Rent/house pmt.		House loan		House value	
Vehicle payment		Vehicle loan		Vehicle value	
Credit card pmt.		Credit card debt		Cash	
Loan payments		Loan debt		Bank Accounts	
Medical pmt.		Medical debt		Stocks	
Child support pmts.		Taxes		Jewelry	
Insurance		Other		Other	
Utilities		<b>TOTAL</b>		<b>TOTAL</b>	
Food & clothing					
IRS/Other					
<b>TOTAL</b>					

14. Closest relative: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

15. Defendant (please indicate) \_\_\_\_\_ IS or \_\_\_\_\_ IS NOT currently incarcerated in the Young County Jail.

16. Name of Bail Bondsman, if applicable: \_\_\_\_\_

17. If you are currently represented by an attorney in a pending case, whether court-appointed or retained, then please state the name of your attorney: \_\_\_\_\_.

On the date indicated below, I was advised by \_\_\_\_\_ of my right to representation by counsel in the prosecution of the charge(s) pending against me as indicated above. 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.

\_\_\_\_\_  
Defendant

Dated: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF YOUNG

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§

**KNOW ALL MEN BY THESE PRESENTS:**

**BEFORE ME**, the undersigned authority, on this day personally appeared the above named defendant, who, upon his/her oath, deposed and said: AI am the applicant in the foregoing *Application for Court Appointed Attorney*, and state that all my answers on the application are true and correct."

**SWORN TO AND SUBSCRIBED BEFORE ME** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Clerk of Court or Notary Public

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IN AND FOR

YOUNG COUNTY, TEXAS

**ORDER**

On this day came on to be considered the foregoing application for court appointed attorney, and the court, after considering the evidence, is of the opinion that the application should be and the same is hereby:

\_\_\_\_\_

**GRANTED**

\_\_\_\_\_

**DENIED.**

**IF GRANTED** it is further ordered that the attorney indicated below, a practicing and qualified attorney of this bar, is hereby appointed as attorney for the defendant in the above-entitled and numbered cause(s) or offense(s). This appointment is effective the date of this order or such earlier date as actual notice of such appointment may have been given to said attorney, if the same appears anywhere in the record of this cause(s).

**DATED:** \_\_\_\_\_.

\_\_\_\_\_  
**JUDGE PRESIDING**

**Appointed attorney and contact information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_