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: _____ State: _____ Zip Code: _____
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) $ 0.00

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) $ 0.00

Balance (Income minus Expenses) $ 0.00

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) $ 0.00

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@fortbendcountytx.gov

_____

DEFENDANT

_____

COURT STAFF ASSISTING DEFENDANT

PRINTED NAME:_____

SUBMIT