

CAUSE NO. _____

THE STATE OF TEXAS

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IN THE 97TH DISTRICT COURT

VS.

OF

_____ COUNTY, TEXAS

AFFIDAVIT OF INABILITY TO EMPLOY A LAWYER

On this day, I, the undersigned defendant having been advised by the Court or Magistrate of my right to representation by a lawyer in the trial of the charge(s) pending against me in this county, I hereby certify that I am too poor to employ a lawyer of my own choosing and hereby request the Court to appoint an attorney for me in the pending case(s) in this county. I do not have sufficient property to sell, mortgage or lease to hire a lawyer and I am unable to employ any lawyer; and I have no relatives or family members who are able to assist me in employing a lawyer of my choice.

The information below may be filled in by the Defendant or a Peace Officer/Jailer:

Offense(s):	Felony(F) or Misdemeanor (M) and Degree of Offense	County
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____
_____	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>	_____

- Defendant has been in custody since _____, and is now located at the County/City Jail in the City of _____, County of _____, State of _____.
- Defendant has made bond of \$ _____ on ____/____/____
By Bond Company/Bondsman's Name: _____

PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY. FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY CAN RESULT IN DENYING COURT APPOINTED ATTORNEY. PLEASE MAKE SURE TO SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC, AND RETURN THE FORM TO:

97TH DISTRICT COURT COORDINATOR
MAILING ADDRESS : P.O. BOX 167, MONTAGUE, TEXAS 76251
FAX: 940-894-2560
EMAIL: 97thcoordinator@gmail.com

DECLARATION OF INABILITY TO HIRE COUNSEL (Answer all questions!)

1. Name: **(Print full legal name)** _____ Age: _____
2. Address: _____ City _____ State _____ Zip _____
3. Social Security No. _____ Date of Birth: _____
4. Phone: _____ Email Address: _____
5. Number of Children under 18 - Living with you: _____ Living Elsewhere: _____
6. Are you currently employed/unemployed: _____
7. Current Employer & Address: _____
8. Work Phone Number: _____ Supervisor's Name: _____
9. How long have you worked there? _____ Date of last paycheck: _____
10. Amount of last paycheck: \$ _____ Wages Per Hour \$ _____
11. How Often Paid - Weekly - Bi-Weekly - Monthly **(Circle which applies)**
12. Average TOTAL monthly income from all sources: \$ _____
13. Average TOTAL income of spouse/significant other: \$ _____
14. Identify and list any all other sources of income
Not considered in question 12 and 13 (including Child Support, allowances, Social Security, Pension, Spousal Support, Etc...)
TOTAL VALUE of 12 through 14: \$ _____
15. Total of cash on hand, checking accounts, savings accounts, stocks, mutual funds, etc. \$ _____
16. Make, model and year of automobile(s) _____
17. Value of automobile, less amount owed \$ _____
18. Total monthly vehicle payments: \$ _____
19. Value or real estate owned less amount owed: \$ _____
(other than family residence)
20. Monthly rent or house payment: \$ _____
21. Total monthly utilities: \$ _____
22. I have talked to the following attorney(s) about my case(s): _____
23. What fee(s) did the attorney(s) quote you? \$ _____
24. If out on bond, who paid for your bond? _____ Relationship: _____
25. Amount paid to get out of jail \$ _____
26. At time of arrest, if arrested with others, list their names: _____

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 charges(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).

SIGNED the _____ day of _____, 20____.

Signature of Defendant

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20____.

Judge, Magistrate, Notary Public, Clerk of Court