

STATE OF TEXAS §

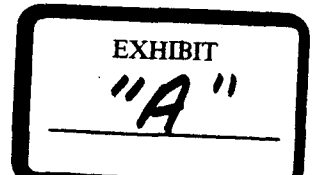
COUNTY OF ANGELINA §

APPLICATION TO BE PLACED ON PUBLIC APPOINTMENT LIST FOR ANGELINA COUNTY

I, _____, a licensed attorney in Texas, State Bar of Texas Number _____, do hereby file this application in compliance with the LOCAL RULES OF ANGELINA COUNTY FOR THE TIMELY AND FAIR APPOINTMENT OF COUNSEL FOR INDIGENT DEFENDANTS, and swear or affirm that the below information is true and accurate. Should any change in this information occur, I will file an Amended Application with the applicable Local Administrative District Judge within thirty days of the change.

I, _____, hereby request to be placed on the Public Appointment Lists for the following category(ies):

- _____ Category A (1st & 2nd Felonies)
Trial and Appellate
- _____ Category B (3rd & State Jail Felonies)
Trial and Appellate
- _____ Category C (Misdemeanors A & B)
Trial and Appellate
- _____ Capital Trial & Appeals
- _____ Juvenile Category
- _____ Special Language Appointments (specify language) _____



I, _____, swear or affirm that my qualifications are as follows:

Exact Date Licensed to Practice Law in Texas:

Board Certifications:

Board

Exact Date

Criminal Law CLE:

Course

Exact Dates

Hours

Trial(s), list cause no., court, offense, and date of trial.

Def's Full Name Cause No. Court Offense Dates Chair Rank

Attorney

Date

Last Name: _____

First Name: _____

DOB: _____

State Bar Number: _____

Date Licensed to Practice Law _____

Principal Business Address:

Mailing Address:

Phone: _____ Office: _____

Mobile: _____

Pager: _____

Fax: _____

Sworn and subscribed before me by _____.

this the _____ Day of _____, 20__.

Notary Public in and for the
State of Texas

Commission Expires: _____

ATTORNEY REQUEST FORM

NAME OF DEFENDANT: _____

DATE AND TIME: _____

READ BY JUDGE: _____

1. You may have an attorney to represent you concerning the charge(s) against you.
2. You may retain your attorney, or if you can't afford to hire an attorney, you may request that an attorney is appointed to represent you.
3. If you are requesting an appointed attorney, you must complete a financial questionnaire form.
4. If you need assistance completing the questionnaire, this will be provided for you.
5. After completing the questionnaire, you must swear to its truthfulness before a Notary, which is available.
6. Are you requesting that an attorney be appointed to represent you?

_____ Yes.

_____ No, I am hiring my own attorney.

DEFENDANT'S SIGNATURE: _____

FAX TO: 936-639-3917 (DISTRICT JUDGE)

FAX TO: 936-639-2673 (CCL#1)

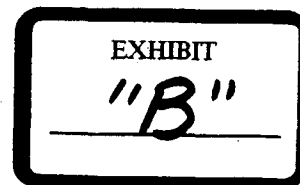
936-634-8145 (CCL#2)

Faxed by: _____
(Officer) (Date)

Felony

Misdemeanor

(Place X on one of the above)



STATE OF TEXAS-COUNTY OF ANGELINA
QUESTIONNAIRE UNDER OATH CONCERNING FINANCIAL RESOURCES

1E: _____ SOCIAL # _____ BIRTH DATE: _____
 RES: _____
 NUMBER OF DEPENDANTS: _____

NAME: (Monthly)
 SALARY/INCOME + _____
 OTHER INCOME + _____
 BANK ACCT + _____
 PROPERTY + _____
 ASSETS + _____

 TOTAL INCOME \$ _____
 EXPENSES: (Monthly)
 RENT/MORTGAGE - _____
 INSURANCE - _____
 AUTO PAYMENT - _____
 PHONE - _____
 GAS/ELECTRIC - _____
 WATER - _____
 CHILD CARE - _____
 CHILD SUPPORT - _____
 FOOD - _____
 GASOLINE - _____
 OUTSTANDING CASES - _____

 TOTAL EXPENSES \$ _____
 (+/-)
 AVAILABLE INCOME \$ _____

U.S. POVERTY GUIDELINES:

1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010
9 & OVER	ADD \$3,740

DEBT RATIO: (1 THROUGH 5 TIMES 20%)
 ***20% OF THE ORIGINAL INCOME AVAILABLE
 MINIMUM AMOUNT (\$100)
 (80/20) DEBT/INCOME RATION
 **DEBT VS. AVAILABLE INCOME

On this the _____ day of _____, 20__, I have been advised by the _____ of my right to representation by counsel in the trial of the charge pending against me. I certify that I am, it means to employ counsel of my own choosing and I hereby request the Court to appoint counsel for me. I, _____, having been sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my signature on this the _____ day of _____, 20__.

 AFFIANT
 Print Name: _____

Subscribed and Sworn to before me this the _____ day of _____, 20__.

 NOTARY PUBLIC/PERSON AUTHORIZED
 TO ADMINISTER OATHS

Seal

Print Name: _____

