

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 Attor

To determine eligibility for Court Appointed Attorney, you must complete this form.

Defendant's Personal Information

Defendant's Full Legal Name: _____ Nickname/Maiden _____

Address: _____ Mail Address _____

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

Home Phone #: _____ Cell Phone#: _____ Email: _____

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.

Student (Yes or No)	School & Address	Scholarship (Yes or No)

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:	Address	Relation	Lives with You? (Yes or No)

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 \$ _____

Bank Accounts (Name of Bank & Address) _____ Checking/Savings Acct. # _____

Credit Union Accts (Name/Address/Acct Number) _____

IRA (Name/Acct Nos.) _____ other Assets: (Stocks, Bonds, Cash Value Life Insurance, Etc.) _____

Do you have any rental property or any 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 \$ _____

Vehicles Owned or Used _____

All other property (guns, coins, furniture, anything) FMV \$ _____ Owe \$ _____ Net \$ _____

Total Net \$ _____

GROSS Monthly Income: (Use 12 month avg. if needed)

Your Salary (Take Home)	
Salary of spouse or significant other (Take Home)	
SSI/SSDI	
AFDC	
Social Security Check	
Other Government Check	
Child Support	
Other Income (Alimony/Vets/Rents)	
All other sources of money (trust fund, structured settlement, allowance, scholarships, gifts, investments, etc. -- any money you receive)	
Total Monthly Income	

FOR MAGISTRATE'S USE ONLY

Determination of Eligibility by Low Income Guidelines

Number of Persons in the Household =		Total Monthly Income =	\$
Amount from table below, monthly		=	\$

does does not qualify based on low income guidelines

Qualifies if monthly income for the household size is **LESS THAN** the table amount.

MONTHLY EXPENSES NOT NEEDED IF DEFENDANT QUALIFIES BASED ON THIS CRITERIA.

Necessary Monthly Living Expenses	Monthly Amount	For Use of Court ONLY
Rent/Mortgage:		
Utilities (gas, electric, etc.)		
Transportation/Insurance/Gas		
Clothes/Food		
Day Care/ Child Care		
Medical Expenses		
Telephone/Cable TV/Internet		
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 authorize the District or County Court of Burnet, Llano, Blanco, and San Saba County, its employees or agents, to conduct a thorough investigation of my information. I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. 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: _____