

**COMAL COUNTY FINANCIAL AFFIDAVIT OF INDIGENCE AND APPOINTED ATTORNEY APPLICATION (220420)**

<i>This section to be filled in by Court Personnel only.</i>		<i>Exhibit: _____</i>
	<b>Cause No.</b> _____	
<b>The State of Texas</b>	§	<b>In the District Court</b>
	§	<b>County Court at Law</b>
<b>vs.</b>	§	<b>or</b>
	§	<b>Magistrate Court of</b>
_____	§	<b>Comal County, Texas</b>
Highest Felony Charged Offense: _____		Level of Offense: _____
Highest Misdemeanor Charged Offense: _____		Level of Offense: _____

**All information must be completed by the defendant and be current, accurate and true. Intentionally or knowingly providing false information may result in your prosecution for the felony offense of aggravated perjury, which carries a punishment of imprisonment of up to 10 years and a fine of up to \$10,000. Please fill in all blanks and put an "X" in all applicable boxes. If the answer is "None", put ("NONE") in the blank. If you do not know the information asked for, put "Unknown" ("UNK") in the blank space provided. All of the information sought is applicable. Inserting "Not Applicable" or "N/A" is not an acceptable answer.**

I certify, under penalty of perjury, that all of the following information on the front and back of this page is true and correct.

I have been advised by the Magistrate or Judge of the Court of my right to representation by a lawyer in the trial of the charges pending against me. I certify that I am without financial resources or means to hire a lawyer and I request the court to appoint a lawyer to represent me, but understand that my representation by a lawyer may be reconsidered if there is a material change in my financial circumstances. I also understand that this financial affidavit may also be used to consider my ability and the amount of bail set.

I understand that in some cases I may be ordered to pay all or part of my lawyer's fees. I further understand that if I am convicted, I may be ordered to repay Comal County all or part of the cost of my lawyer as costs of court or as a term of probation.

**PERSONAL INFORMATION:**

Spanish speaking only? Yes:  No:  Your Name: \_\_\_\_\_ SO#: \_\_\_\_\_

Are you currently in jail, hospital, or mental health facility? Yes:  No:  location: \_\_\_\_\_

If currently released on bond who posted bond? \_\_\_\_\_ How much? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.N. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Name of Spouse: \_\_\_\_\_ Number Household Dependents: \_\_\_\_\_

Prior Military Service? Yes:  No:  If yes, what branch? \_\_\_\_\_ Rank? \_\_\_\_\_ Dates: \_\_\_\_\_

List all sources of household income, including Employer, Spouse, Parents, family, TANF, SSI, Food Stamps, Child Support, etc.;

Source? \_\_\_\_\_ Amount? \_\_\_\_\_ How often? \_\_\_\_\_

Source? \_\_\_\_\_ Amount? \_\_\_\_\_ How often? \_\_\_\_\_

Residence: Own/ Value/ Mortgage payment? \_\_\_\_\_ Rent/ Monthly Payment? \_\_\_\_\_

Other land or real property owned? Value/ Mortgage payment? \_\_\_\_\_

Vehicles owned? Make/ Model/ Year/ Value: \_\_\_\_\_

Who pays for food, clothing gasoline and other needs? \_\_\_\_\_ How much? \_\_\_\_\_

Furniture and other assets owned and value? \_\_\_\_\_

Debts and monthly payments due? What/ How much? \_\_\_\_\_

Cash on hand \$ \_\_\_\_\_ Bank name/ location? \_\_\_\_\_

Credit cards and amount owed? \_\_\_\_\_

Name anyone owing you money? \_\_\_\_\_ Address? \_\_\_\_\_ How much? \_\_\_\_\_

Name, address and phone number of family, friend, partner or boss who will always know where you are and how to contact you:

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

**COMAL COUNTY ATTORNEY CHOICE SYSTEM:**

I understand I have three options or choices in arranging for a court appointed lawyer to represent me: Select one:

OPTION ONE: I can have one of three criminal defense lawyers, previously approved by the Court for my level of charged offense, and which I have chosen, appointed to represent me. Their names in order of preference are:

(a) \_\_\_\_\_, (b) \_\_\_\_\_ (c) \_\_\_\_\_.

OPTION TWO: I am not yet ready to select a court appointed lawyer. I intend to name a lawyer, at a later date, who was previously approved by the Court for my level of charged offense, to be appointed to represent me, but if I do not, the Court will select and appoint a lawyer to represent me.

OPTION THREE: I request the Court to select and appoint a lawyer to represent me.

**PERSONAL DECLARATION AND CERTIFICATION:**

I personally swear and certify, under penalty of perjury, that all the information I have provided and all I have represented and stated on the front and back sides of this form is true and correct and current.

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

\_\_\_\_\_  
Defendants signature

SUBSCRIBED and SWORN to before me the following authority:

Date: \_\_\_\_\_

\_\_\_\_\_  
Notary, Deputy Clerk, Magistrate Judge

**JUDGES FINDING AND ORDER ON APPOINTMENT REQUEST:**

Having reviewed the forgoing Affidavit of Indigence and Application for Attorney Appointment, the Court finds that the defendant IS / IS NOT indigent. If found indigent, the attorney named below is hereby ORDERED appointed to represent the defendant for the duration of the pendency of these charges, including until appeals are exhausted or until the attorney is relieved of this duty or replaced by other counsel by leave of Court.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Magistrate Judge Presiding

**FELONY APPOINTED ATTORNEY INFORMATION (Date Attorney Notified? \_\_\_\_\_):**

Attorney Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**MISDEMEANOR APPOINTED ATTORNEY INFORMATION (Date Attorney Notified? \_\_\_\_\_):**

Attorney Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**PREVIOUS APPOINTED ATTORNEY:** \_\_\_\_\_ Date: \_\_\_\_\_