

Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	___ per week or ___ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	___ per week or ___ per month
Pay rate	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance
Are you currently receiving (check all that apply)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public housing
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance:	
\$ _____	
Balance:	
\$ _____	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Model version 3, p. 2 of 4
 Adopted 11/15/06 – Task Force on Indigent Defense

Assets

Asset	Value															
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other:	\$															
B. Real Property Owned; Description/Location:	\$															
C. Automobile(s) Make Model Year	\$															
Make Model Year	\$															
Make Model Year	\$															
D. Stock and Bonds (provide description)	\$															
	\$															
	\$															
E. Other Property (list all jewelry, equipment, watercrafts, etc.)	\$															
	\$															
	\$															
F. Bank Accounts																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Bank Name</th> <th style="width:35%;">Type of Account</th> <th style="width:30%;">Balance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> </tbody> </table>	Bank Name	Type of Account	Balance			\$			\$			\$			\$	
Bank Name	Type of Account	Balance														
		\$														
		\$														
		\$														
		\$														
G. Other Assets (Identify)	VALUE															
	\$															
	\$															
ASSETS TOTAL VALUE	\$															

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

On this _____ day of _____, 20 ____, I have been advised by the (name of the court) Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20__

Clerk's Signature

This court finds the defendant **is / is not** indigent.

Signature of Judge

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20__

Clerk's Signature

MY EMPLOYMENT INFORMATION:

JOB TITLE: _____
EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____
WORK PHONE: _____
HOURS OF WORK: _____
PAY RATE: _____

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____
ACCOUNT NUMBER: _____
BALANCE: _____

SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION

CAUSE NO. _____

THE STATE OF TEXAS

IN THE JUSTICE COURT

v.

PRECINCT NO. _____

§
§
§
§
§

_____ COUNTY, TEXAS

DEFENDANT'S PLEA OF GUILTY/NO CONTEST

Charged Misdemeanor Offense: _____

The Court admonishes the Defendant as follows:

This offense is punishable by a fine of \$ _____ to \$ _____.

If this plea is entered pursuant to a plea bargain, the plea bargain is not binding on the court. In the event that the court does not approve the plea bargain, you will be given the opportunity to withdraw your plea.

If you are convicted of a misdemeanor offense involving violence where you are or were a spouse, intimate partner, parent, or guardian of the victim or are or were involved in another, similar relationship with the victim, it may be unlawful for you to possess or purchase a firearm, including a handgun or long gun, or ammunition, pursuant to federal law under 18 U.S.C. Section 922(g)(9) or Section 46.04(b), Texas Penal Code. If you have any questions whether these laws make it illegal for you to possess or purchase a firearm, you should consult an attorney.

If you are not a citizen of the United States, entering a plea of guilty or nolo contendere to the charged offense may result in deportation, the exclusion from admission to this country, or the denial of naturalization under federal law. If you have questions or concerns regarding this issue, you should contact an attorney.

Entering a plea of guilty or no contest may result in a conviction appearing on your criminal record or driving record. If you have questions or concerns regarding this issue, you should contact an attorney.

The Transportation Code provides that the Texas Department of Public Safety may suspend the Defendant's driver's license and/or require the payment of surcharges following a conviction for certain offenses. If you have questions or concerns regarding this issue, you should contact an attorney.

You have the right to be represented by an attorney. You have the right to a public trial. You have the right to a jury trial. You have the right to a speedy trial. You have the right to pre-trial discovery, including any evidence that may aid your defense at trial. You have the right to confront the witnesses against you. You have the right to subpoena witnesses to testify on your behalf. You have the right to remain silent and not incriminate yourself.

Do not complete this form unless you understand the form and wish to freely and voluntarily enter a plea of guilty or no contest. If you do not understand this form, you should contact an attorney. If you wish to enter a plea of not guilty or the special plea of double jeopardy, do not complete the remainder of this form.

I, the Defendant in the above styled and numbered cause, waive my right to a jury trial and the other rights described above and I hereby enter the following plea to the charged offense:

Guilty

Nolo Contendere ("No Contest")

I understand that entering the plea indicated above may result in any or all of the following: 1) a criminal conviction; and 2) the assessment of a fine and court costs. I further understand that I will be obligated by law to satisfy the Court's judgment in this cause.

Defendant's Signature

Date Signed