

USE INK PENS ONLY

BOOK-IN # _____

DATE OF OFFENSE(S): _____

CHARGE(S): MISD: ___ FELONY: ___ BOTH: ___

UNSWORN APPLICATION FOR COURT-APPOINTED
ATTORNEY
(FOR USE BY INMATES ONLY)

Every question on this form must be answered. Failure to do so could result in the application not being considered. If you need assistance, notify the person in charge of taking this application.

1. LAST NAME _____ FIRST NAME _____ MIDDLE _____

2. ADDRESS IN WHICH YOU RESIDE _____

3. PHONE NUMBER: _____ EMAIL ADDRESS: _____
Number & Street City State Zip

4. SINGLE ___ LEGALLY MARRIED ___ DIVORCED ___ SEPARATED ___ NAME OF SPOUSE _____

5. DATE OF BIRTH _____ AGE _____

6. ARE YOU A VETERAN OR ACTIVE DUTY MILITARY? YES/NO (circle one)

7. NO. CHILDREN UNDER 18 *LIVING* WITH YOU _____

8. CHILD SUPPORT: PAYING _____ RECEIVING _____? HOW MUCH? _____ PER MONTH

9. ARE YOU EMPLOYED? YES/NO (circle) IF YES, NAME OF EMPLOYER _____

10. YOUR WAGES \$ _____ PER (check one Hr Week Month) HOW MANY HOURS PER WEEK? _____
SPOUSE'S INCOME \$ _____ PER (check one Hr Week Month) HOW MANY HOURS PER WEEK? _____

11. IF YOU ARE NOT WORKING, WHEN IS THE LAST TIME YOU HAD A JOB? _____ WHERE DID YOU WORK? _____
WHEN DID YOU GET PAID LAST? _____ HOW MUCH? _____

12. ARE YOU RECEIVING INCOME, BENEFITS OR HELP WITH EXPENSES FROM ANY OTHER SOURCE? YES/NO (circle one)
(such as Food Stamps, Medicaid, Disability, Supplemental Security Income, Public Housing, Unemployment etc.)?
IF YES, FROM WHOM RECEIVED, HOW OFTEN AND DATES PAYMENTS TO END. _____

13. DO YOU OWN A HOUSE OR LAND? YES/NO (circle one) IF YES, WHICH? _____
HOW MUCH IS IT (ARE THEY) WORTH? _____

14. DO YOU HAVE A BANK ACCOUNT? YES/NO (circle one) IF YES, HOW MUCH IS IN YOUR ACCOUNT? _____

15. DO YOU HAVE ANY CASH ANYWHERE? YES/NO (circle one) IF YES, HOW MUCH? _____

16. HOW MUCH IS YOUR BOND? _____ CAN YOU MAKE YOUR BOND? YES/NO (circle one)
IF NOT, CAN SOMEONE ELSE? YES/NO (circle one) IF SO, WHO? _____

17. WAS ANYONE ELSE CHARGED WITH YOU? YES/NO (circle one) IF YES, WHO? _____

I HEREBY AUTHORIZE THE COURT ADMINISTRATOR TO VERIFY THIS INFORMATION FROM ANY SOURCE.

“My name is _____, My date of birth is _____. I am presently incarcerated in the Wichita County Jail in
Wichita Falls, Texas. I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct.”

Executed the _____ day of _____, 20____.

DEFENDANT'S SIGNATURE

____ I DECLINE TO COMPLETE THIS APPLICATION ____ (Defendants initials)