



**REQUEST FOR APPOINTMENT OF COUNSEL
BEXAR COUNTY, TEXAS**

Cause Number	Charge

Defendant Name: _____ Social Security Number: _____

Address: _____

Home Telephone Number: _____ Cell Phone Number: _____

Marital Status: Single _____ Married _____ Common Law _____ Separated _____ Divorced _____ Widow _____

No. of Dependents _____

With whom do you live with _____ Relationship: _____

Can Family hire an attorney: Yes _____ or No _____ Can you afford to hire an attorney: Yes _____ or No _____

Employed _____ Unemployed _____ Retired _____ Student _____ Other _____

Employer Name: _____

Reference Name _____

Address: _____

Reference Phone Number _____

Telephone Number: _____

Length of Employment: ___ Year ___ Month ___ Week

Financial Information

Income	Amount	Expenses	Amount
Defendant wages(Weekly)		House Payment/Rent	
Spouses Wages(Weekly)		Auto Payment	
Welfare		Utilities(includes Electric, Water, and Cable)	
Social Security/Disability		Auto Insurance	
Child Support		Telephone	
Rental Income		Child support	
Government Food Stamps		Food Bill	
Savings/Checking Account		Alimony	
		Other	

Remarks: _____

I have been advised of my right to representation by counsel in the trial of the charge(s) pending against me, I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear or affirm that the above information is true and correct.

 Defendant Printed Name

 Defendant Signature

Date _____

 Witness Printed Name

 Witness Signature

Date _____