

INSTRUCTIONS FOR OBTAINING COUNSEL
PRIOR TO 1ST COURT SETTING

XII.B – Procedure for Attorney Assignment

Released on Bond

If a defendant is not in custody, a District Court Judge or County Court at Law Judge must appoint counsel at the eligible defendant's first court appearance. If a defendant wishes to request counsel prior to the initial appearance, the forms required to request counsel may be obtained at the Texas Indigent Defense Commission's website at <http://tidc.tamu.edu/public.net>, the County of Galveston website at <http://www.galvestoncountytexas.gov/ja/Pages/Indigent-Defense> {Form #GC-15} or from the District or County Clerks of Galveston County. The defendant may submit these forms to the Office of Justice Administration at 600 – 59th Street, Galveston, Texas 77551.

The defendant should complete and sign the following forms when requesting a court appointed attorney prior to the defendant's first court appearance.

1. Pauper's Oath-Affidavit of Indigence {Form GC-05} **(IMPORTANT: this document must be sworn before a Notary Public or the Clerk. The Clerk can take your oath if you are dropping the form off in person at the Office of Justice Administration.**
2. Request for Appointment of Counsel {Form GC-04}

All forms are available online at the website listed hereinabove.

{FORM #GC-15}

COUNTY OF GALVESTON

Defendant's Name: _____ SPN No. _____
Offense: _____ Booking No. _____
Offense: _____ Service No. _____
Warrant No. _____

WAIVER OF APPOINTED COUNSEL

I have been advised of my right to representation by counsel in the trial of the charge pending against me. I have been further advised that if I am unable to afford counsel, one will be appointed for me. Understanding my right to have counsel appointed for me if I am not financially able to employ counsel, I wish to waive that right and request the court to proceed with my case without an attorney being appointed for me. I hereby waive my right to counsel.

_____ Date _____ Defendant Signature _____

REQUEST FOR COUNSEL

I have been told by the Magistrate that I have the right to request the appointment of a lawyer. I understood the warnings given to me by the Magistrate. I do want to request the appointment of an attorney.

_____ Date _____ Defendant Signature _____

ORDER SETTING ADDITIONAL CONDITIONS OF BOND

IT IS THE ORDER OF THE COURT that if you receive an appointed attorney and make bond, you shall comply with the following additional terms and conditions of bond:

- 1. You shall keep all appointments with your attorney;
- 2. You shall attend all court settings, and;
- 3. You shall notify your attorney or your attorney's office of any changes in your residence address, business address or telephone numbers within twenty-four (24) hours of such change.

Any violation of these conditions may result in your bond being held insufficient and you being returned to custody.

_____ Judge/Magistrate _____

Defendant's principal language if not English: _____

I understand these conditions of my bond.

_____ Date _____ Defendant Signature _____

____ JUDICIAL DISTRICT COURT
COUNTY COURT AT LAW # ____
JUSTICE OF THE PEACE COURT # ____
GALVESTON COUNTY, TEXAS

THE STATE OF TEXAS

CAUSE NO. _____

vs.

SPN. NO. _____

PAUPER'S OATH APPLICATION

Name: _____

Phone No. (____) ____ - _____

Address: _____

D.O.B.: _____

City, State: _____

Zip Code: _____

I am a Defendant in the above entitled action. I am **not represented** by counsel in this proceeding. I have no assets, except for the following:

1. Earnings = \$ _____ per week month year.

Employer Name: _____

Address: _____

Phone Number: (____) ____ - _____

If unemployed, list the last job you had and efforts to gain employment:

2. I have other income in the amount of (state source of income and amount).

3. I am married not married and support _____ children under 18 years of age and or other dependents who are (name and relationship):

4. Earnings of my spouse and/or minor children are (name of employer and amount of weekly/monthly earnings): _____

5. I have the following money:

At home \$ _____ Checking Account \$ _____

Savings Acct. \$ _____ Safety Deposit Box \$ _____

Due/Owed to me \$ _____ Other \$ _____

6. I have the following debts and expenses (groceries, child care, etc.) per month:

7. I own the following property: (Address/Location)

| TYPE | VALUE | MONTHLY PYMTS. | BALANCE | LEASE Y/N | ADDRESS/LOCATION |
|---------------------------------|-------|----------------|---------|-----------|------------------|
| Home | \$ | \$ | \$ | | |
| Automobile | | | | | |
| Furniture | | | | | |
| Other Land/Buildings | | | | | |
| Notes, Mortgages, Trust & Deeds | | | | | |
| Stocks/Bonds | | | | | |
| Animals of Value | | | | | |
| Jewelry | | | | | |
| Other Personal Property | | | | | |

8. I pay the following utilities: _____

9. I AM AM NOT free on bond. Amount of bond: \$ _____

Name of Person who paid for bond: _____

Bondsman's/Company Name: _____

10. I am currently represented by attorney _____ on other charges in another court(s). My attorney is currently RETAINED APPOINTED.

11. Name & Phone Number of Nearest Relative: _____

On this _____ day of _____, 20____, I have been advised by the _____ 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. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

Date: _____

Defendant Signature

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

BY: _____

[SEAL] PRINTED NAME: _____

TITLE: _____

After reviewing this sworn pauper's oath application I find that this defendant:

_____ is indigent under the guidelines of Galveston County and **IS** entitled to appointment of an attorney.

_____ does not meet the guidelines of Galveston County and **IS NOT** entitled to appointment of an attorney.

_____ application needs to be reviewed further by the court that this case is to be filed in.

_____ is **partially indigent** under the guidelines of Galveston County and is **ORDERED** to pay \$100 for a misdemeanor or \$200 for a felony prior to the appointment of an attorney.

DATE _____

MAGISTRATE _____