

Lone Star Defenders Office (LSDO) has been designated to appoint counsel to individuals charged under Operation Lone Star. If you would like to apply for appointed counsel, complete this form. Ensure that the boxes labeled "Defendant's Oath" and "Unsworn Declaration by Defendant" are complete before returning. Forms may be returned via email to **Operationlonestar@lsdefense.org** or by mail to: **PO Box 64836 Lubbock, TX 79464**. For additional information or assistance completing this form, contact the LSDO Hotline at 844-648-7437.

Indigence Affidavit for Defendants Who are Not Detained

AFFIDAVIT OF INDIGENCE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>			
The State of Texas		_____ County Court	
vs.		_____ District Court	
Offense:	Felony/Misd:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offense:	Felony/Misd:	If yes, language required:	
Offense:	Felony/Misd:		
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility			
<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>			
Name _____		Date of Birth ____/____/____	
First Name	MI	Last Name	
Address _____		_____	
Street	Apt. No.	City	State Zip Code
Phone Numbers:			
Home _____	Cell _____	Work _____	Family Member _____
I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing			
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Type of Work _____			
Number of Hours per Week: _____		How long have you worked at this job? _____	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Name of Spouse _____			
First	MI	Last	
Name of Dependent Child(ren)		Name of Dependent Child(ren)	
(0-18 yrs.)	Age	(0-18 yrs.)	Age
RESIDENCE INFORMATION			
Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no

<u>MONTHLY INCOME AND ASSETS</u>		<u>MONTHLY EXPENSES</u>	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

Defendant's Oath

On this _____ day of _____, 20__, I have been advised of my right to representation by counsel in connection with the charge 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.

Defendant's Signature

Date

Unsworn Declaration by Defendant

(Defendant ONLY)

My name is _____, my date of birth is _____
(First Name) (Middle Name) (Last Name)

_____.

My address is _____, _____, _____, _____,
(Street Number and Name) (City) (State) (Zip Code)

_____.

(Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of

_____, _____.

(Month) (Year)

Defendant Currently Meets Eligibility Requirements?

- I find the above-named defendant meets eligibility requirements and authorize the Lubbock Private Defenders Office or Lone Star Defenders Office to appoint counsel.
- I find the above-named defendant meets eligibility requirements, but the defendant wishes to retain own counsel.
- I find the above-named defendant **does not** currently meet eligibility requirements for appointment of counsel.

Date _____

Magistrate _____