Interpreter Needed?
☐ *Spanish /* ☐ *Other:* _____

Cause No. _____

THE STATE OF TEXAS	§	IN THE COUNTY COURT
VS.	§	AT LAW NO. 1 / 2
_____	§	BRAZOS COUNTY, TEXAS

Defendant's Name – Print Clearly

CASE MANAGEMENT FORM

(CHOOSE YOUR OPTION BY PLACING A CHECK MARK INDICATING HOW YOU WISH TO PROCEED AND RETURN TO COURT STAFF)

I have listened to the Court's admonishments (warnings) concerning the range of punishment that applies to my case, my right to a jury/bench trial, and immigration consequences if I enter a plea or am found guilty. I understand that to resolve my case, I must either hire an attorney, request court appointed counsel, or waive my right to an attorney and represent myself (pro se). It is my decision to take care of my case in the following manner **(CLEARLY MARK YOUR OPTION)**:

Option 1: ☐ **INTENT TO RETAIN COUNSEL.** I plan to hire an attorney and can do so **within ____ days**. I understand that if I do not retain counsel within the time indicated that I will not receive additional time to do so.

Option 2: ☐ **REQUEST FOR COURT APPOINTED COUNSEL.** I am unable to hire an attorney and would like to apply for court appointed counsel. I understand that I am required to complete an application and disclose information about my financial resources and/or household financial resources. The Application is a sworn document and I could be prosecuted for providing false information. The punishment for providing false information is imprisonment in the Institutional Division of the Department of Criminal Justice for 2 to 10 years, up to a $10,000.00 fine or both. The court will determine if I qualify for a court appointed attorney following the guidelines of the Brazos County Indigent Defense Plan and proper supporting documentation. I understand that indigency can only be determined if proper documentation is provided to the court. More importantly, I understand that I may be required to repay, in whole or in part, court appointed attorney's fees if the court finds I have the ability to do so. In the event I dismiss my court appointed attorney, I may not be reconsidered for a new court appointed attorney. All complaints regarding a court appointed attorney should be submitted in writing to the presiding court for review and the court may determine if new counsel should be appointed. I understand that it is my responsibility to maintain contact with my attorney and that I can only expect a return phone call when I leave a message and I am able to receive messages as well. Finally, I understand that if I retain counsel, I may be required to reimburse my court appointed attorney fees.

Option 3: ☐ **WAIVER OF ATTORNEY AND REQUEST TO SPEAK TO STATE.** ***(You may not speak with a prosecutor about your case unless you sign this written waiver of your right to be represented by an attorney. If you choose this option, please initial each paragraph below).***

____I am waiving my right to counsel and request to represent myself in ***all*** proceedings related to this case, unless notified in writing otherwise. (Initial each admonishment)

____I understand that the Attorney for the State (Prosecutor) is a government attorney who represents the State's case against me in this criminal prosecution and that the prosecutor does not represent me and cannot give me legal advice. The State's attorney does not have to give me a plea offer in this case. If I choose to accept a plea offer, the court will not modify the terms of the plea agreement without giving me an opportunity to withdraw my plea.

____I am waiving my right to have an attorney represent me at this time. I understand that I will be held to the same standards and expectations as a licensed attorney in the courtroom when representing myself. I understand that the rules of evidence, procedure and conduct as applied to attorneys also apply to me. I understand that I likely lack the legal knowledge to evaluate the state's case against me and may be unaware of legal defenses applicable to my case.

Option 3 Continued for WAIVER OF ATTORNEY AND REQUEST TO SPEAK TO STATE.

____I understand that there are dangers to self-representation. Waiving my right to an attorney and representing myself may result in a worse outcome for me and my case, including but not limited to, future criminal punishment enhancements, as well as, the loss of significant legal rights and opportunities relating to military service, possession of a firearm, housing and public benefits, employment, child custody, voting, license suspensions, financial aid and immigration status for non-citizens.

____I also understand that anything I say when speaking with the state may affect the outcome of my case.

☐ Pursuant to Texas Code of Criminal Procedure Article 39.14, I understand that I may request and review offense reports, designated documents, papers, written or recorded statements of myself or a witness, including witness statements of law enforcement officers but not including work product of counsel for the State and their investigators and their notes or report, or any designated books, accounts, letters, photographs, or objects or other tangible things not otherwise privileged that constitute or contain evidence material to any matter involved in the action and that are in the possession, custody, or control of the state or any person under contract with the State. I understand that I am not allowed to remove any documents, items or information from the possession of the state, and any inspection shall be in the presence of a representative of the State.

Also for Option 3:

☐ I ***DO NOT*** request review of discovery in my case.

☐ I **DO** request to review the discovery in my case. I understand that I will be given a designated day and time, prior to leaving court today, to appear at the Brazos County Attorney's Office to review the discovery in my case.

My contact information remains the same ☐ / Update my information as clearly and completely listed below ☐

_____ _____

Defendant's Signature Date

NOTICE: It is understood that all Notices sent out prior to this change/update is the responsibility of the Defendant. Therefore, from this date forward it will only be changed in the County's system and all correspondence will be updated.

Print Clearly:

Current mailing address (number and street)	Apt no.
City, town or post office and State	**Zip code**

Your phone number with area code	Alternate phone number with area code
Defendant's email	

OFFICE USE ONLY - Entered by Staff: _____ **On this date:** _____