

County of Goliad



**P.T. (PAT) CALHOUN
COUNTY JUDGE**

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Texas Indigent Defense Commission
209 W. 14th St, Room 202 (Price Daniel Bldg.)
Austin, Texas 78701

26 March 2016

To Joel Lieurance:

The following information is submitted in response to your Limited Scope Policy Monitoring Review, dated 11 January 2016.

- Recommendation 1)** Magistrate Arraignment Forms have been rewritten to include proof of asking the defendant if he/she wants a court appointed attorney. (See attached Magistrate Arraignment Form)
- Recommendation 2)** New policy is in place to ensure that fax copy of Request for Counsel is sent to Clerk's Office and JP Office the next day. The original is delivered to Judge's Office the next working day. (See attached Application for Court Appointed Attorney [in custody])
- Recommendation 3)** Process to ensure timely appointment of counsel is done by the County Judge's Office (See above recommendation)
- Recommendation 4)** See process delineated in Recommendations 2 and 3 above.
- Recommendation 5)** Use of form in Indigent Defense Plan is now being utilized. (See attached Waiver of Counsel Form)
- Recommendation 6)** One of the JP's did not realize that the reporting form required additional information at the bottom of the page. The JP's are now both aware of the requirement.

Respectfully Submitted,

P. T. (Pat) Calhoun
Goliad County Judge

Arrest Time: _____
Arrest Date _____

MAGISTRATE ARRAIGNMENT: CAUSE NO. _____
(Certificate of Compliance with Art. 15.17 C.C.P.)

The State of Texas
County of Goliad

BEFORE ME, the undersigned Magistrate of Goliad County, on the __ day of _____, 20__, at _____ o'clock AM/PM. in said county appeared the accused: _____ at which time I informed the accused of the following charge filed against said accused and of any affidavit, complaint, information, indictment, or verification of a warrant filed therewith:

CHARGE : _____

Defendant was informed:

- (1) of his/her right to remain silent;
- (2) of his/her right to retain counsel;
- (3) of his/her right to request the appointment of counsel if he/she is indigent and cannot afford counsel;
- (4) that he/she will be allowed a reasonable time and opportunity to consult counsel;
- (5) of his/her right to have an attorney present during any interview with peace officers or attorneys representing the state;
- (6) of his/her right to terminate the interview at any time;
- (7) that he/she is not required to make any statement;
- (8) that any statement made by him/her could be used at trial or in court;
- (9) of his/her right to have an examining trial;
- (10) of the right to access to his/her consulate if a foreigner;
- (11) of the procedures for requesting a court-appointed attorney:
 - a. that an application needs to be completed and signed;
 - b. that the person with the application will assist the accused in filling out the form;
 - c. that if he/she meets indigence standards, he/she will qualify for court-appointed counsel;
 - d. that if he/she does not request court-appointed counsel now, but wants to later, he/she needs to tell the jailer if in jail or the clerk of the court in which the charge is filed if on bond or the judge in the courtroom.

THE MAGISTRATE ASKED THE ACCUSED WHETHER THE ACCUSED WANTED TO REQUEST APPOINTMENT OF COUNSEL. THE ACCUSED DOES/DOES NOT WANT TO REQUEST COURT-APPOINTED COUNSEL.

*If you have not received court arraignment notification within 30 days, contact the County Clerk at 361-645-3294 for your case status.

Bond:
Additional conditions of bond:

DEFENDANT

P.T. (Pat) CALHOUN
COUNTY JUDGE
GOLIAD COUNTY

APPLICATION FOR COURT-APPOINTED ATTORNEY
Goliad County (IN CUSTODY)

Case Number	Fel	Misd	Offense
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

I have been advised of my right to representation by counsel in connection with the charge(s) 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. I understand that I may be required to complete a more detailed form prior to a determination of indigence being made. My income amounts are stated below."

PRINT CLEARLY

- a. My monthly take-home wages: _____
- b. The amount of my spouse's income that is available: _____
- c. The amount I receive each month from other sources: _____
- d. My **TOTAL** monthly income (a + b + c): _____

I work for _____
 Name of Employer

I currently receive the following public assistance:
 Food Stamps Medicaid TANF SSI Public Housing

I estimate my reasonable monthly living expenses to be _____

I have the following dependents (people who live with me):
 Spouse Yes No Child(ren): Ages: _____ Total # _____

My property:
 Cash amount _____ (including bank accounts, commissary or elsewhere)
 Real Estate Yes No
 Vehicles Owned Yes No (list each vehicle)

 Other (jewelry, stocks, bonds, boat, ATV, etc.) Yes No (list each)

 Property Value (except cash): _____

My debts: _____

My name is _____ . My date of birth is _____ . My address is _____ . My phone number is _____ .

Signed this _____ day of _____, 20____

 Defendant Signature

It is ordered that _____ is appointed to represent the defendant
 this _____ day of _____, 20____.

 JUDGE PRESIDING / JUDGE'S DESIGNEE

CAUSE NO.

THE STATE OF TEXAS

§

IN THE COUNTY

VS.

§

COUNTY COURT

§

GOLIAD COUNTY TEXAS

WAIVER OF COUNSEL

1. I have been advised by the Judge of my constitutional and statutory right to representation by a lawyer in any proceeding against me.
2. The Court has advised me of the procedures for requesting appointed counsel and I have been given a reasonable opportunity to request appointed counsel.
3. I know and understand that if the Court makes the determination that I am unable to currently afford a lawyer, a lawyer will be appointed for me free of charge. I also understand that upon disposition of my case I may be required to repay part or all of the cost of the lawyer to the county, if the Court determines I am financially able to do so.
4. I further understand that I may withdraw my waiver of the right to counsel at any time prior to a disposition in this case and hire a lawyer or, if indigent, request the appointment of counsel.
5. I understand that the role of the County Attorney is to represent the State of Texas, the adverse party in this case, and **that the County Attorney does not represent me.** I further understand that the County Attorney is unable to advise me in any manner regarding my case.
6. I fully understand the charges against me.
7. Understanding my right to have appointed for me free of charge if I am not financially able to employ counsel, I hereby in open court knowingly, intelligently, and voluntarily waive (i.e., give up) my right to a lawyer and request that I be allowed to proceed with my case without a lawyer. I want to discuss a plea offer with the prosecutor without an attorney.

Signed this ____ day of _____, 20__.

Defendant

COURT'S APPROVAL

The Court finds that the defendant understands his/her right to a lawyer, and the charged filed. The Court further approved the above defendant initiating communications with the County Attorney. The defendant's waiver of counsel is APPROVED.

Judge Presiding