

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