

STATE OF MISSISSIPPI
COUNTY OF _____

QUESTIONNAIRE IN RE APPOINTMENT OF COUNSEL FOR INDIGENT ACCUSED:

1. NAME _____
2. AGE _____ BIRTHDATE _____
3. SOCIAL SECURITY NUMBER _____
4. ADDRESS _____
5. DO YOU UNDERSTAND THAT YOU ARE CHARGED WITH A SERIOUS MATTER, TO WIT:
THAT OF _____
FOR WHICH YOU MAY BE SENTENCED TO A TERM OF YEARS IN THE STATE
PENITENTIARY?
6. DO YOU UNDERSTAND THAT YOU HAVE A RIGHT TO HIRE A LAWYER TO REPRESENT
YOU? _____
7. LIST YOUR ASSETS WHICH COULD BE CONVERTED INTO CASH OR UPON WHICH YOU
COULD BORROW MONEY.

8. DO YOU OWN A CAR, A FARM, A HOUSE, AND IF SO, STATE THE VALUE. _____
9. DO YOU HAVE A BANK ACCOUNT, IF SO, WHAT IS THE BALANCE? _____
10. HOW MANY PEOPLE, IF ANY, ARE DEPENDENT UPON YOU FOR SUPPORT? _____
11. ARE YOU EMPLOYED? _____ IF SO, STATE MONTHLY SALARY. _____
12. IF IT IS DETERMINED THAT YOU ARE NOT ABLE TO HIRE AN ATTORNEY TO REPRESENT
YOU, DO YOU REQUEST THAT THE COURT APPOINT AN ATTORNEY? YES _____ NO _____

I, _____ DO HEREBY REPRESENT TO THE
JUDGE OF THE CIRCUIT COURT OF THIS COUNTY THAT THE ABOVE AND FOREGOING QUESTIONS
ARE TRUE AND CORRECT AND ARE MADE BY ME TO THE COURT IN ORDER TO DETERMINE
WHETHER I SHOULD HAVE COURT APPOINTED COUNSEL, ON THIS THE _____ DAY OF
_____, 20_____.

SIGNATURE OF DEFENDANT

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____, 20_____.

SIGNATURE _____