

**Indigent Defense
Certificate of Contact
Fort Bend County Justice Center
301 Jackson Street Richmond, TX 77469
Direct 281-341-3780 Fax 832-471-1864**

I certify that I contacted the defendant whose name appears below at the date, time and place indicated. I have been appointed by the court to represent this defendant.

- **Defendant's Name:** _____
- **DOB:** _____
- **Felony Charge(s):** _____
- **Cause #(s):** _____
- **Misdemeanor Charge(s):** _____
- **Cause #(s)** _____
- **Date:** _____
- **Time:** _____
- **Place:** _____
- **Contact by phone #:** _____
- **Other:** _____

Signature

Printed Name

Date

Please file this form with the Clerk's Office within 72 hours.