

**Indigent Defense  
Certificate of Contact  
Fort Bend County Justice Center  
301 Jackson Street Richmond, TX 77469  
Direct 281-341-3780 Fax 281-238-3224**

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 return this form to Raquel Levy, Court Administration Coordinator, within 72 hours by fax, email, or mail