

## AFFIDAVIT OF INDIGENCE

<b>This portion to be completed by Office Personnel only:</b>	Cause No. _____
County Court or District Court	County(s): _____
The State of Texas vs. _____	Interpreter required? Yes or No If yes, language required _____
Offense: _____ Felony/Misd: _____	Offense: _____ Felony/Misd: _____
Offense: _____ Felony/Misd: _____	Offense: _____ Felony/Misd: _____

### DEFENDANT'S PERSONAL INFORMATION

Name _____		Date of Birth ____/____/____	
First	MI	Last	
Mailing Address _____		City _____	State _____ Zip Code _____
Phone Numbers _____		Work _____	Family Member _____
Home	Cell		
Last 4 digits of Social Security Number _____		Employment: _____	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Name of Spouse _____			
First	MI	Last	
Spouse's Phone # _____		Personal Email address _____	
Dependent Child(ren) Name (0-18 yrs.)    Age			

### RESIDENCE INFORMATION

Rent: yes or no      Own: yes or no      Reside with family: yes or no      Homeless: yes or no

### MONTHLY HOUSEHOLD INCOME & EXPENSES

My take home pay	\$		Rent/Mortgage	\$
Spouse's take home pay	\$		Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$		Child Support (Paid)	\$
Social Security/Disability	\$		Groceries	\$
Unemployment Compensation	\$		Car payment/insurance	\$
Worker's Compensation	\$		Cell/home phone	\$
Food Stamps	\$		Probation fees	\$

Do you having any other charges pending/what county: \_\_\_\_\_

\_\_\_\_\_  
Magistrate Judge

By signing below,

I have been advised by a magistrate of my right to representation by counsel in the trial of the charge 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. By signing below, I swear, that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

\_\_\_\_\_ **Defendant's Signature** \_\_\_\_\_ **Date**

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ **Date**  
Completed with Defendant: \_\_\_\_\_

Submitted to Clerk: \_\_\_\_\_

**Denied reason:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Denied:** \_\_\_\_\_  
**Judge Presiding**

**ORDER APPOINTING COUNSEL**

On this day came on to be heard the above sworn affidavit and the court having determined that the defendant is not represented by counsel and that said defendant does not have sufficient money or other property to employ counsel and has requested appointed counsel in charges pending before this court. \_\_\_\_\_, is appointed to represent the said defendant on pending charges in accordance with the Texas Fair Defense Act and the County Plan on file.

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_  
**Clerk**

**Approved:** \_\_\_\_\_  
**Judge Presiding**