

**AFFIDAVIT OF INDIGENCE**

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

**DEFENDANT'S PERSONAL INFORMATION**

Name _____		Date of Birth ____/____/____	
First	MI	Last	
Address _____		City _____ State _____ Zip Code _____	
Street	Apt No.		
Phone Numbers _____		Cell _____	Work _____ Family Member _____
Home			
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 _____		Last _____	
First	MI		
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:**\_\_\_\_\_

**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**