

AFFIDAVIT OF INDIGENCE

This portion to be completed by Office Personnel only:	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 ben 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:

Magistrate/Notary Public/Aransas County Personnel Date

ORDER ON REQUEST FOR COURT APPOINTED COUNSEL

On this day came on to be heard the sworn Affidavit of Indigence of the defendant and the Court has determined the request should be:

GRANTED _____ is hereby appointed to represent the said defendant in charges pending before this Court in accordance with the Texas Fair Defense Act and the County Plan on file.

DENIED reason: _____

By: _____
Clerk

DATE

JUDGE PRESIDING