

Defendant's Name: _____ Date: _____

D.O.B. _____ Cause # _____ County _____ Special Needs: _____

OFFENSE: _____ Booking # _____

Affidavit of Indigence

To determine eligibility for Court Appointed Attorney, you must complete this form.

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Monthly Income	Necessary Monthly Living Expenses	Non-exempt Assets
Your Salary: Employer: Position: How Long:	Rent / Mortgage:	Cash on hand
Spouse's Salary	Transportation: Make: Model: Year:	Value of Stocks and Bonds
SSI/SSDI	Car Payment	Amount in Savings Account
AFDC	Car Insurance	
Social Security Check	Utilities (gas, electric, etc.)	
Child Support	Clothes/Food	
Other Government Check	Day Care / Child Care	
Other Income	Health Insurance	
	Medical Expenses	
	Credit Cards	
	Court-Ordered Monies	
	Child Support	
TOTAL INCOME:	TOTAL NECESSARY EXPENSES:	TOTAL ASSETS:

STAFF USE ONLY:

Comments:

Total Monthly Income: _____ Defendant Meets Eligibility Requirements
Total Monthly Expenses: - _____
Difference (net income): = _____ YES NO UNDETERMINED

I have been advised of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation.

**All information is subject to verification. Falsification of information is a criminal offense.*

Defendant's Signature

Date

SWORN TO and subscribed to before me this ____ day of _____, 20__.

NOTARY PUBLIC
My Commission Expires: