WARRANT OR CAUS	SE NO OFFENSE:	
THE STATE OF TEXAS	§	IN THE DISTRICT COURT
VS.	§	33 <sup>RD</sup> /424 <sup>TH</sup> JUDICIAL DISTRICT
	§	COUNTY, TEXAS
<b>Defendant</b>		
do not wish to have an attorno		
Signature: <u>AFFIDAVIT O</u>	F INDIGENCE FOR COURT	T APPOINTED ATTORNEY
Every question on this form must be	answered. Failure to do so could on in charge of taking the applicat	result in the application not being considered. If tion. You must answer each question truthfully;
. LAST NAME	FIRST NAME	MIDDLE
. ADDRESS		
. TELEPHONE NUMBER:	Em	nail:
. MARRIED SINGLE DIV	ORCED SEPARATED	SOCIAL SECURITY NO
. NAME OF SIGNIFICANT OTHER		
. NUMBER OF CHILDREN UNDER 18	B LIVING WITH YOU AGES	S
. ARE YOU PAYING? RECEIVI	ING? CHILD SUPPORT? HOW	V MUCH? PER MONTH
B. ARE YOU EMPLOYED? IF YES, NAME OF EMPLOYER# OF YRS		
. YOUR INCOME \$ PER	RSIGNIFICANT OTHER	INCOME, IF AVAILABLE \$PER
		FROM ANY OTHER SOURCE? YES NO
1.IF UNEMPLOYED, NAME OF LAST I	EMPLOYER, DATE LAST EMPLOYE	ED, AND AMOUNT PAID:.
MONTHLY EXPENSES	ASSET	S
RENT/HOUSE PAYMENT	HOUSE VALUE	
CAR PAYMENT	CAR VALUE	
CREDIT CARDS	CASH	
OAN PAYMENTS	BANK ACCOUNT(S)	
MEDICAL PAYMENTS	STOCKS	
CHILD CARE/ SUPPORT	JEWELRY	
NSURANCE ITILITIES	FURNITURE OTHER	
OOD & CLOTHING	TOTAL	
RS / OTHER	IOTAL	<u> </u>
OTAL EXPENSES		
	DEEEND ANT CLOS	LATURE DATE
OTALINCOME MONTHLY)	DEFENDANT SIGN	NATURE DATE
IFFERENCE		
		ay of, 2020.
Granted: Denied:		
Attorney:		
Judge:		
· ———	-	Magistrate/Clerk/Not
		iviagisti ate/Ciefk/190