CAUSE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_

THE STATE OF TEXAS § IN THE 132ND DISTRICT COURT

VS. § OF

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § SCURRY COUNTY, TEXAS

**AFFIDAVIT OF INDIGENCE AND REQUEST FOR APPOINTMENT OF ATTORNEY**

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed Ten (10) Years and a fine not to exceed Ten Thousand dollars ($10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank.

**Personal Information:**

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently incarcerated in jail or correctional institution? \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_Yes

Marital Status: (check one) \_\_\_\_\_\_\_Married \_\_\_\_\_\_\_\_Single \_\_\_\_\_\_\_Divorced

Number of your children that live with you:\_\_\_\_\_\_\_\_ Age of each child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of your children that live with someone else:\_\_\_\_\_\_\_\_\_\_\_ Age of each child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone other than your children live with you? \_\_\_\_\_\_No \_\_\_\_\_\_Yes

**Employment Information:**

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you last work for them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you worked there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much and how often are you paid? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week/biweekly/monthly (circle one)

*If you are unemployed, please list:*

Name of previous employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When did you last work for them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of previous employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your spouse/live-in employed? \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_Yes: Name of Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much and how often is s/he paid? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per week/biweekly/monthly (circle one)

**Financial Information:**

|  |  |
| --- | --- |
| **ASSETS** | **VALUE** |
| A. Place of Residence \_\_\_\_Rent \_\_\_\_Own \_\_\_\_Neither \*  \*If Neither, please explain: | $ |
| B. Real Property Owned; Description/Location: | $ |
| C. Automobile(s): Make Model Year | $ |
| Make Model Year | $ |
| D. Other Assests (describe): | $ |
| E. Bank Accounts | BALANCE IN ACCOUNT |
| Bank Name: Type of Account: | $ |
| Bank Name: Type of Account: | $ |

**Financial Information (Continued)**

|  |  |
| --- | --- |
| EXPENSES | MONTHLY PAYMENT |
| Rent/Mortgage Payment |  |
| Car Payment |  |
| Insurance (all types) |  |
| Child Care |  |
| Child Support |  |
| Utilities (gas, water, elec.) |  |
| Telephone |  |
| Food |  |
| Clothing |  |
| Medical Expenses |  |
| Cable or Satellite T.V. |  |
| Alcohol |  |
| Tobacco Products |  |
| Cell Phone or Pager |  |
| Loan/Dept Payments |  |
| Outstanding Loans |  |
| Lottery |  |
| Entertainment |  |
| Other expenses (describe:) |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| INCOME (MONTHLY) | MONTHLY AMOUNT |
| Your Take Home Pay |  |
| Spouse/live in’s Take Home Pay |  |
| Investment Income |  |
| Stock Dividend |  |
| Bond Dividend |  |
| Rental Income |  |
| Pension Payments |  |
| Unemployment Benefits |  |
| Child Support |  |
| Worker’s Compensation |  |
| Public Assistance: |  |
| TANF (Temp. Assistance to Needy Families) |  |
| SSI (Supplemental Security Income) |  |
| Medicaid |  |
| Cash Gifts |  |
| Other (describe:) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I have/have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, I have been advised by the 132nd District Court 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 my name 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 and I hereby consent to such verification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant’s Signature

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary or Clerk’s Signature

This court finds the defendant **is / is not** indigent.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge Presiding