DEFENDANT'S NAME: _____ DATE: _____

DOB: _____ CAUSE#: _____ BOOKING NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

AFFIDAVIT OF INDIGENCE

TO DETERMINE ELIGIBILITY FOR COURT APPOINTED ATTORNEY, THIS FORM MUST BE COMPLETED.
SIZE OF FAMILY UNIT (MEMBERS OF IMMEDIATE FAMILY THAT YOU SUPPORT FINANCIALLY)

NAME	AGE	RELATIONSHIP

MONTHLY INCOME		MONTHLY LIVING EXPENSES		NON-EXEMPT ASSETS	
YOUR SALARY		RENT/MORTGAGE		CASH ON HAND	
SPOUSE'S SALARY		CAR PAYMENT		AMOUNT IN SAVINGS	
SSI/SDI		CAR INSURANCE			
AFDC		UTILITIES (GAS, ELECT, ETC)			
SOCIAL SECURITY CHECK		DAY CARE/CHILD CARE			
CHILD SUPPORT		HEALTH INSURANCE			
OTHER GOV'T CHECK		CREDIT CARDS			
OTHER INCOME		COURT ORDERED MONIES			
		CHILD SUPPORT			
		TRANSPORTATION			
		MAKE			
		MODEL AND YEAR			
TOTAL INCOME		TOTAL NECESSARY EXPENSES		TOTAL ASSETS	

STAFF USE ONLY:

COMMENTS: _____

TOTAL MONTHLY INCOME: _____

TOTAL MONTHLY EXPENSE: _____

DIFFERENCE (NET INCOME): _____

DEFENDANT MEETS ELIGIBILITY REQUIREMENTS

____ 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 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 SIGNATURE DATE

COURT APPOINTED ATTORNEY: VAL JONES **126 CHURCH STREET, STE B-1, PITTSBURG, TX 75686 903-980-2211**