

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

No. _____

The State of Texas _____ In the _____ Court
 vs. _____ County

Offense _____ Level of Offense _____

Defendant's Personal Information				
Name				Date of Birth (MONTH/DAY/YEAR)
Mailing Address	Street	City	State	Zip Code
Phone Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Name of Spouse				
I receive:	<input type="checkbox"/> SNAP <input type="checkbox"/> Medicaid <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Public Housing			
Residence Information	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Reside with family <input type="checkbox"/> Homeless			
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____		Hours/wk	Pay/hr

Names of Dependent Children (0 – 18 yrs)	Age	Names of Dependent Children (0 – 18 yrs)	Age

Defendant's Financial Information

Income	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Retirement Income	
Unemployment	
Social Security (not SSI)	
Child Support Received	
Other (Describe)	
TOTAL MONTHLY INCOME	

Defendant's Oath

On this _____ day of _____, 20____, I have been advised of my right to representation by counsel in connection with 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.

 Defendant's Signature

 Date

Defendant Meets Eligibility Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	By: _____
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ADDITIONAL FINANCIAL INFORMATION

Expenses (total or partial) that you or your spouse are responsible for paying not that someone else is paying	Monthly Payment
Rent /Mortgage Payment	
Car Payment + Insurance	
Utilities (electric; gas; water)	
Child Care or Child Support Paid	
Food Expenses	
Telephone / Cell Phone	
Medical Expenses / Health Insurance	
Probation Fees	
Minimum Monthly Payment – Credit Card	
TOTAL MONTHLY EXPENSES	

Assets		
Asset		Value
A. Real Property(excluding homestead) Location:		\$
B. Automobile(s)	Make Model Year	\$
	Make Model Year	\$
C. Other Property (boat, recreational vehicle, etc.)		\$
D. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
ASSETS TOTAL VALUE		\$