AFFIDAVIT OF INDIGENCE

This section to be filled out by Cour	t Personnel		
No)		-
The State of Texas vs.	In the		Court County
Offense	Level of (Offense	
ormation must be completed by th	e defendant an	d must be c	urrent, accurate, and true. In
egible applications will be denied.	o acconumit and	a must be el	
onally or knowingly giving false rated perjury, a felony. The punish years and a fine not to exceed ten fill in all blanks. If you do not know the pring asked does not apply to	nment for aggra thousand dolla now the informa	vated perjuints (\$10,000) ation being :	ry includes imprisonment not t · asked, enter DNK in the blan
ation being asked does not apply to	you, enter 14/A	t in the Dian	ikke Parintania nimenyi dibentika ina dibilinan menjanya inanginya panya ting berandani dipenganan dipengan penjang
Defe	ndant's Persona	ıl Informatio	on ·
Name			
Phone Number			•
Mailing Address			
City, State, Zip			
Social Security #			
Date of Birth	+	•	•
Household Members (whether relate	ed or not):		•
Name(s):		Age	Relationship
	•		1
•	•		
Are you currently in jail?	•	v4************************************	
No			•
Yes If yes, provide name of	f facility:		
	,		
Employer Information		<u> </u>	A PARTY OF THE PAR
Applicant's Employer			
Phone Number			
City, State, Zip Hours worked per we	eek or pe	umanth / 1	Dovr tator (
	cer or be	rmonth /]	Pay rate: \$
Inouga's Employer			
Spouse's Employer Phone Number			
Spouse's Employer Phone Number City, State Zip			

Expenses (total or partial) that you or your spouse are responsible for paying not that someone else is Payment	Income		Monthly Amount
paying	Toles III		Amount
Rent /Mortgage Payment	Take Home Pa		
Car Payment	Spouse's Take		
Insurance -	Rental Income		
(Life, Health, Car, Homeowners, etc.)	Retirement Inc		
Child Care	Unemploymen		
Water	Social Security	r (any type)	
Gas (home)	SSI		
Telephone / Cell Phone	Child Support	Received	
	TANF		
Electricity	Cash Gifts		
Food (actual dollars spent; not SNAP amount)	Other (Describ	رم.	
Medical	Omer (Descrite	(D)	
FOTAL MONTHLY EXPENSES			1
	TOTAL MON	THLY INCOME	
Public Assistance Are you currently receiving (check all that apply)			
The you outloned 100017mg (onsore all trace opply)			
SNAP, formerly Food Stamps	-		
Medicaid			
Public Housing			
		•	
Assèts			•
Asset		Value	
A. Real Property(excluding homestead) Location:		\$	
A. Real Property(excluding nomestead) Locallon.		Ψ	
			1
B. Automobile(s)			,
Make Model Year		\$	
Make Model Year			
Make Model Year			
, , , , , , , , , , , , , , , , , , , ,		\$	
C. Other Property (boat, recreational vehicle, etc.)			
C. Office 110 poets (boat, recreational volucies, cite.)		\$	
•		ΙΨ .	
D 71 1. 4			
D. Bank Accounts			
Bank Name Type of Acco			
	\$		
	\$		
ASSETS TOTAL VALUE	<u> </u>		
ASSETS TOTAL VALUE	\$		
		WILL BE REJECTE	E D
ASSETS TOTAL VALUE FORM MUST BE DATED AND SIGNED BY DE		WILL BE REJECTE	ED _.
FORM MUST BE DATED AND SIGNED BY DEL	FENDANT OR IT	presentation by counse	l in the trial
FORM MUST BE DATED AND SIGNED BY DEL	FENDANT OR IT	presentation by counse	l in the trial
FORM MUST BE DATED AND SIGNED BY DEL	FENDANT OR IT ed of my right to repasel of my own choo	oresentation by counse osing and I hereby requ	in the trial a
FORM MUST BE DATED AND SIGNED BY DED In this day of , 20 , I have been advise the charge pending against me. I am without means to employ cour spoint counsel for me. By signing my name below, I swear, that all	FENDANT OR IT ed of my right to repaired of my own chools l of the above inform	oresentation by counse osing and I hereby requ mation about my finan	l in the trial onest the court could be the court of the
rounce the course for me. By signing my name below, I swear, that all arrent, accurate, and true. By signing below, I understand that a re	FENDANT OR IT ed of my right to repaired of my own chools l of the above inform	oresentation by counse osing and I hereby requ mation about my finan	l in the trial onest the court could be the court of the
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Revised 04/12/2016