

AFFIDAVIT OF INDIGENCE

Case # _____

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas _____ County Court
 vs. _____ District Court

Offense: _____ Felony/Misd: _____ Interpreter required? Yes No

Offense: _____ Felony/Misd: _____ If yes, language required: _____

Offense: _____ Felony/Misd: _____

Defendant Currently In: Correctional Facility Mental Health Facility

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name _____ Date of Birth ____/____/____

First Name MI Last Name

Address _____

Street Apt No. City State Zip Code

Phone Numbers _____

Home Cell Work Family Member

I receive: Medicaid SSI SNAP TANF Public Housing

Are you Employed? Yes No If yes, where? _____ Type of Work _____

Number of Hours per Week: _____ How long have you worked at this job? _____

Marital Status: Single Married Divorced Widowed Separated Spouses Income: \$ _____ per hour.

Name of Spouse _____ Spouse's Hours Worked per week: _____

First MI Last

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

RESIDENCE INFORMATION

Rent: YES or NO Own: YES or NO Reside with family: YES or NO Homeless: YES or NO

MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My Monthly Salary	\$	Rent/Mortgage	\$
Spouse's Monthly Salary	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

9 HOW ARE YOU ABLE TO MEET YOUR MONTHLY EXPENSES: _____

Defendant's Oath (Attorney Appointment/Bail Affidavit)

On this _____ day of _____, 20____, I have been advised by Howard Court of my right to representation by counsel and the importance of providing true and complete information about my financial situation in connection with the charge pending against me. I am without means to pay and hereby request that an appropriate bail be set.in connection with the charge pending against me. I also 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

SECTION BELOW TO BE COMPLETED.

Special Circumstances or Hardships the Judge should Consider,

Unsworn Declaration by Defendant

(Defendant ONLY)

My name is _____, my date of birth is _____.
(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct. Executed in Howard County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)

SWORN AND MAGISTRATED BY: _____

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____

Judge _____