S O#	AFFIDAVIT OF INDIGENCE-FELONY OFFENSE
OFFENSE(S):	
CAUSE NUMBER:	ORUN-INDICTED
	Date of Birth
ADDRESS:	
CELL/HOME PHONE:	E-MAIL ADDRESS:
SINGLE / IF MARRIED, NAME OF SP	OUSE:PHONE:
I HAVE # CHILDREN UNDER	18 <u>THAT LIVE WITH ME</u> .
EMPLOYER:	WEEKLY INCOME: \$
SPOUSE EMPLOYER:	WEEKLY INCOME: \$
ASSISTANCE: I (and my spouse/c	hildren who live with me) receive MONTHLY:
\$ Food Stamps \$	Medicaid/SSI/TANF \$ Housing Assistance
EXPENSES I AM RESPONSIBLE FOR:	
GROCERIES \$ R	ENT/MORTGAGE \$ CHILD CARE / SUPPORT \$
CELL PHONE\$ V	EHICLE/GAS \$ MEDICAL/MISC \$
TOTAL INCOME \$	TOTAL EXPENSES\$
I am requesting that an attorney b	e appointed to represent me because I am without the means to hire an attorney.
I swear or affirm that the information and facts that I have provided for the Court are within my personal knowledge and are true and correct. I understand that if I intentionally or knowingly give false information it may result in my prosecution of the offense of Aggravated Perjury, a felony. I understand that the punishment for Aggravated Perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).	
	Date:
Sworn to and subscribed be	efore me this theday of, 20
Judge/Magistrate/Notary Public/Cl	<u> </u>
-FOR COURT USE ONLY- De	fendant Meets Eligibility Requirements: YES NO