| Defendant: | Cause No. |
|------------|-----------|
|            |           |

## AFFIDAVIT OF INDIGENCE

|   | D BY OFFICE PERSONNEL ONLY                       |  |   |                |                  |          |  |
|---|--|--|---|----------------|------------------|----------|--|
| □ DISTRICT COURT  |  | □ COUNTY COURT                           |   |                |                  |          |  |
| Felony Offense:   |  |  | Misd. Offense:                                      |                |                  |          |  |
| Felony Offense:   |  |  | Misd. Offense:                                      |                |                  |          |  |
| Felony Offense:   |  |  | Misd. Offense:                                      |                |                  |          |  |
| Defendant Currently In: $\Box$ Correctional Facility $\Box$ |  |  | Mental Health Fac                                   | eility         |                  |          |  |
| Interpreter required?   Yes  No  If yes, language required: |  |  |   |                |                  |          |  |
| This portion to be completed by or With DEFENDANT           |  |  |   |                |                  |          |  |
| Name  |  |  |   | Date of Birth/ |                  |          |  |
| First Name  | MI L   | ast Na                                   | ame   |                |                  |          |  |
| AddressStreet   | Apt No.  |  | City  | State          | Zip Code         | <u> </u> |  |
|   | 11pt 110.  |  | City  | State          | Zip couc         | ,        |  |
| Home  | Phone Numbers                                    |  | Work  | Fa             | mily Member      |          |  |
| I receive:  |  | SNAP                                     | ☐ TANF  | □ Publi        | ☐ Public Housing |          |  |
| Are you Employed? □ Yes □ No                                | u Employed?   Yes No If yes, where? Type of Work |  |   |                |                  |          |  |
| Number of Hours per Week:                                   | How l  | ong h                                    | ave you worked at this                              | s job?         |                  |          |  |
| Marital Status : ☐ Single                                   |  | vorced                                   | d □ Widowed   | ☐ Separated    |                  |          |  |
| Name of Spouse  |  |  |   |                |                  |          |  |
| First   | MI   |  | Last  |                |                  |          |  |
| Name of Dependent Child(ren) (0-18 yrs.)  Age               |  | Name of Dependent Child(ren) (0-18 yrs.) |   |                | Age              |          |  |
| (0 10 310)  |  |  |   | (0 10 ) 150    |                  |          |  |
|   |  |  |   |                |                  |          |  |
|   | RESIDENCE INFORM                                 | MATIC                                    | ON (CIRCLE YES OR N                                 | (O)            |                  |          |  |
| 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 take home pay  | \$   |  | Rent/Mortgage                                       |                | \$               | \$       |  |
| Spouse's take home pay                                      | \$   |  | Utilities (Elec., Gas, Water)                       |                | \$               | \$       |  |
| Child Support (Received)                                    | \$   |  | Total Child Expenses (Including Child Support Paid) |                | ld <sub>\$</sub> | \$       |  |
| 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<br>AND ASSETS                          | \$   |  | Minimum Monthly Credit Card<br>Payment              |                | \$               | \$       |  |
|   |  |  | TOTAL MONTHLY EXPENSES                              |                | \$               |          |  |

| Defendant:   | Cause No   |  |  |
|--|--|--|--|
| DEFENDA  | NT'S OATH  |  |  |
| right to representation by counsel in connect certify that I am without means to employ con                          | , I have been advised by a magistrate of my ion with the charge(s) pending against me. I unsel of my own choosing and I hereby request are under penalty of perjury that the foregoing |  |  |
| Defend   | dant Date  |  |  |
| ADMINISTERED BY I  | NOTARY/CLERK ONLY  |  |  |
| SUBSCRIBED and SWORN to before me, the u of  |  |  |  |
| Clerk/.  | Notary Public Signature Date   |  |  |
| Defendant Currently Meets Eligibility Reconstruction ORDER APPOINT The practicing attorney listed below is appointed | NTING COUNSEL  |  |  |
| on the following charge(s):  | -  |  |  |
| SIGNED this day of   | ·  |  |  |
| Attorney's Information  Name: Address: City, State, Zip: Telephone Number:   | 88 <sup>TH</sup> / 356 <sup>TH</sup> / County Court  |  |  |
| Defendant's  | s Information  |  |  |
| Bond Amount: Bond: □ Personal □ Cash/Surety  | Bonding Company:   |  |  |
| □ On Bond  | □ Jailed   |  |  |
| Address:   | County Facility  |  |  |
| City, State, Zip: Telephone Number: () Other Telephone Numbers:  | •  |  |  |
| ☐ This form has been transmitted to the appointing autl☐ This form has been transmitted to the appointed attor       | ·  |  |  |