CAUSE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
THE STATE OF TEXAS § In The County Court At Law
VS § And/Or The District Court Of
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § Houston County, Texas

***Every question on this form must be answered. Failure to do so could result in the application not being considered.* *If you need assistance, notify the person in charge of taking this application. You must answer each question truthfully; failure to do so could subject you to additional criminal charges.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MAILING ADDRESS (Street or P. O. Box) CITY STATE ZIP CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
PHYSICAL ADDRESS CITY STATE ZIP CODE

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
HOME PHONE WORK PHONE CELL PHONE

\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Married/Single/Divorced/Separated
DATE OF BIRTH SOCIAL SECURITY NUMBER CIRCLE ONE

NAME OF SPOUSE, IF MARRIED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF BIOLOGICAL CHILDREN UNDER 18 LIVING WITH YOU:\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD SUPPORT: ARE YOU PAYING\_\_\_\_\_\_\_\_\_\_\_ OR RECEIVING\_\_\_\_\_\_\_\_\_\_ HOW MUCH $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER MONTH

ARE YOU EMPLOYED?: \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_NO - IF YES, NAME OF EMPLOYER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR WAGES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SPOUSE’S WAGES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU OR ANY OF YOUR DEPENDENTS CURRENTLY RECEIVING BENEFITS/INCOME FROM ANY OTHER SOURCE SUCH AS SOCIAL SECURITY INCOME, FOOD STAMPS, DISABILITY, RENTAL/INCOME PROPERTY, TRUST FUND, ANNUITIES, 401K, RETIREMENT, ETC.? \_\_\_\_\_YES \_\_\_\_\_NO

IF YES, HOW MUCH ARE HOW OFTEN ARE
WHAT KIND?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THESE PAYMENTS? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PAYMENTS RECEIVED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YOU ARE NOT CURRENTLY EMPLOYED, WHEN IS THE LAST TIME YOU WORKED AND WHAT WAS THE NAME OF YOUR LAST EMPLOYER AND THE SALARY/HOURLY WAGE THAT YOU EARNED?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
LAST DATE OF EMPLOYMENT NAME OF EMPLOYER SALARY/HOURLY WAGE

NAME OF CLOSEST RELATIVE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MONTHLY EXPENSES**

**Every blank has to be filled out completely or request will be denied.**

**HOUSING:** \_\_\_\_\_OWN \_\_\_\_\_RENT \_\_\_\_\_LEASE \_\_\_\_\_BUYING \_\_\_\_\_RELATIVE/OTHER
**AUTO(S):** YEAR:\_\_\_\_\_\_\_\_\_ MAKE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 YEAR:\_\_\_\_\_\_\_\_\_ MAKE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **MONTHLY EXPENSES** | **DEBT BALANCE(S)*(Things you owe on)*** | **ASSETS*(Things you own)*** |
| Rent/Lease/House Payment  | $ | House Loan | $ | House Value | $ |
| Car Payment(s) | $$ | Car Loan(s) | $$ | Car(s) Value(s) | $$ |
| Credit Cards | $$ | Credit Loans | $$ | Land ValueLand Value | $$ |
| Medical Payment(s) | $$ | Medical Bill(s) | $$ | Farm AnimalsRental/Income Property | $$ |
| Child CarePhone/Cell | $$ | Taxes | $ | Equipment(Tools, Tractors, Etc.) | $ |
| Child Support(if paying) | $ | OtherIRS | $$ | Cash (on hand) | $$ |
| Insurance(car/health/life) | $$ | LiensJudgments | $$ | Bank Accounts(checking/savings) | $$ |
| Utilities(electric/gas/water) | $ | Child Support | $$ | IRA/401K/Stocks/Bonds/Annuity/Trusts | $ |
| FoodClothing | $$ | Probation | $$ | FurnitureJewelry | $$ |
| Other | $$ | Other (Bond) | $$ | Oil and Gas Other | $$ |
| **TOTAL** | **$** | **TOTAL** | **$** | **TOTAL** | $ |

On this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, I have been advised by a Magistrate of Houston County, of my right to representation by counsel in the prosecution of 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.

**I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed 10 years or less than 2 years and a fine not to exceed ten thousand dollars($10,000.00).**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 DEFENDANT DATE

**DO NOT WRITE BELOW:**

|  |  |
| --- | --- |
| **TOTAL INCOME** | **$** |
| **TOTAL EXPENSES** | **$** |
| **DIFFERENCE** | **$** |
|  |
| **TOTAL ASSESTS** | **$** |
| **APPROVED** | **DENIED** |
| **ATTORNEY APPOINTED** |  |
| **DATE APPOINTED** |  |