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 Value  Land Value | $ $ |
| Medical Payment(s) | $ $ | Medical Bill(s) | $ $ | Farm Animals  Rental/Income Property | $  $ |
| Child Care Phone/Cell | $ $ | Taxes | $ | Equipment (Tools, Tractors, Etc.) | $ |
| Child Support  (if paying) | $ | Other IRS | $  $ | Cash (on hand) | $  $ |
| Insurance  (car/health/life) | $  $ | Liens Judgments | $  $ | Bank Accounts  (checking/savings) | $  $ |
| Utilities  (electric/gas/water) | $ | Child Support | $  $ | IRA/401K/Stocks/  Bonds/Annuity/Trusts | $ |
| Food  Clothing | $  $ | Probation | $ $ | Furniture  Jewelry | $  $ |
| 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** |  |