

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS  
VS.

§  CCAL 1  CCAL 2  
§  196<sup>TH</sup>  354<sup>TH</sup>  
§ OF HUNT COUNTY, TEXAS

**AFFIDAVIT OF INDIGENCE** (APPLICATION FOR COURT APPOINTED ATTORNEY)

Name:		Email Address:	
Home Address: (Homeless <input type="checkbox"/> )		Date of Birth:	DL#:
		Place of Birth: (City, State)	DL Issuing State:
		Race:	Height:
Mailing Address: (Same as home <input type="checkbox"/> )		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight:
		Home Phone #:	Hair Color:
		Cell Phone #:	Eye Color:
Name of Nearest Relative:		Relationship to Relative:	
Address of Nearest Relative:		Phone Number of Nearest Relative:	
Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed		Wages: \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
Name of Employer:		Work Phone #:	

Marital Status:  Single  Married  Divorced  Separated | I support \_\_\_\_\_ minor children.

I RECEIVE:  MEDICAID  SSI  SNAP  TANF  PUBLIC HOUSING

MONTHLY INCOME (Estimate if necessary)		MONTHLY EXPENSES (Estimate if necessary)	
My net income (take home pay)	\$	Rent / Mortgage	\$
Spouse's net income (take home pay)	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Child Expenses (Including Child Support Paid)	\$
Other Income	\$	Total Food Expenses	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	Transportation Costs	\$
ASSETS		Medical Expenses / Health Insurance	\$
Savings	\$	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>
Home Equity	\$		

**Defendant's Unsworn Declaration (§132.001 CPRC)**

I **CERTIFY** the above information is true and correct and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I believe that the interest of justice requires court appointed representation. 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). My name is \_\_\_\_\_. My date of birth is \_\_\_\_\_. My address is: \_\_\_\_\_.

If currently incarcerated, my inmate identifying number, if any, is \_\_\_\_\_. I am presently incarcerated at \_\_\_\_\_.

I **DECLARE** under penalty of perjury that the foregoing is true and correct. Executed in Hunt County, State of Texas, on \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

**ORDER REGARDING APPOINTMENT OF COUNSEL**

APPLICATION IS:  APPROVED  PARTIALLY APPROVED  DENIED

- If approved, Court finds Defendant indigent or  that the interest of justice requires the appointment of counsel.
- If approved, Court appoints, as Court Appointed Attorney: \_\_\_\_\_.
- If partially approved, Defendant shall make monthly payments of \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month beginning on \_\_\_\_/01/202\_\_ to the Hunt County Treasurers office until further Order of the Court to reimburse the taxpayers of Hunt County for their court appointed attorney's fees.

DATE: \_\_\_\_\_

PRESIDING JUDGE: \_\_\_\_\_

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**DECLARACION JURADA DE INDIGENCIA** (Solicitud de Abogado Designado por el Tribunal)

Nombre:		Direccion de Correo Electronico:	
Direccion Fisica: (sin casa <input type="checkbox"/> )		Fecha de Nacimiento:	DL#:
		Lugar de Nacimiento: (Ciudad, Estado)	DL Issuing State:
		Raza:	Altura:
Direccion Postal: (igual que en casa <input type="checkbox"/> )		Sexo: <input type="checkbox"/> M <input type="checkbox"/> F	Peso:
		Teléfono de casa #:	Color de Pelo:
		Teléfono móvil #:	Color de los Ojos:
Nombre del pariente más cercano:		Relación con el pariente:	
Dirección del pariente más cercano:		Número de teléfono del pariente más cercano:	
Estado de Empleo? <input type="checkbox"/> Completo <input type="checkbox"/> Parcial <input type="checkbox"/> Desempleado		Salario: \$ <input type="checkbox"/> Por Semana <input type="checkbox"/> Por Mes <input type="checkbox"/> Por Año	
Nombre Del Empleador:		Número de teléfono del trabajo:	
Estado Civil: <input type="checkbox"/> Soltero <input type="checkbox"/> Casado <input type="checkbox"/> Divorciado <input type="checkbox"/> Separado		Yo Soporto _____ niños menores.	
Yo Recibo: <input type="checkbox"/> MEDICAID <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> VIVIENDA PÚBLICA			
<b>INGRESO MENSUAL</b> (Estime si es necesario)		<b>GASTOS MENSUALES</b> (Estime si es necesario)	
Mi ingreso neto (llevar a casa pago)	\$	Renta / Hipoteca	\$
Ingresos netos del cónyuge (llevar a casa pago)	\$	Servicios públicos (electricidad, gas, agua)	\$
Manutencion de menores (recibida)	\$	Gastos totales del niño (incluida la manutención infantil pagada)	\$
Otros Ingresos	\$	Gastos Totales de Alimentos	\$
<b>TOTAL INGRESOS MENSUALES</b>	<b>\$</b>	Costos de Transporte	\$
<b>ASSETS</b>		Gastos Médicos / Seguro de Salud	\$
Ahorros	\$	<b>GASTOS MENSUALES TOTALES</b>	<b>\$</b>
	Equidad de la vivienda		\$

**Declaración no Jurada del Acusado (§132.001 CPRC)**

**CERTIFICO** que la información anterior es verdadera y correcta y que no tengo medios para contratar un abogado de mi propia elección y por la presente solicito al Tribunal que me designe un abogado. Alternativamente, creo que el interés de la justicia requiere representación designada por el tribunal. Entiendo que si, intencionalmente o con conocimiento, doy información falsa en esta declaración jurada o durante la audiencia sobre esta moción, puedo ser procesado por el delito de perjurio agravado, un delito grave de tercer grado, punible con una pena de prisión que no exceda los diez (10) años o menos de dos (2) años y una multa que no exceda los diez mil dólares (\$ 10,000.00). Mi nombre es \_\_\_\_\_, Mi direccion \_\_\_\_\_, Mi fecha de nacimiento es \_\_\_\_\_. Sii actualmente está encarcelado, mi número de identificación de recluso, si lo hubiera, es \_\_\_\_\_. Actualmente estoy encarcelado en HUNT COUNTY JAIL. **DECLARO** bajo pena de perjurio que lo anterior es verdadero y correcto. Ejecutado en Hunt County, State of Texas, por \_\_\_\_\_.

Firma de acusado \_\_\_\_\_

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DATE: \_\_\_\_\_ PRESIDING JUDGE: \_\_\_\_\_