

CAUSE NO. _____

THE STATE OF TEXAS
VS.

§ ☐ CCAL 1 ☐ CCAL 2
 § ☐ 196TH ☐ 354TH
 § 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | | I support _____ minor children. | |
| I RECEIVE: <input type="checkbox"/> MEDICAID <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> 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 | \$ |
| TOTAL MONTHLY INCOME | \$ | Transportation Costs | \$ |
| ASSETS | | Medical Expenses / Health Insurance | \$ |
| Savings | \$ | TOTAL MONTHLY EXPENSES | \$ |
| 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

TO BE COMPLETED BY JUDGE ONLY

APPLICATION IS: ☐ APPROVED ☐ PARTIALLY APPROVED ☐ DENIED

- If approved, Court appoints, as Court Appointed Attorney: _____ .
- If partially approved, Defendant shall make monthly payments of \$ _____ on the 1st 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.
- Defendant's next court setting is on ____/____/202____ at _____: _____ ☐ AM ☐ PM.

PRESIDING JUDGE _____/_____/202____