**AFFIDAVIT OF INDIGENCE**

**(Request for of Appointed Attorney)**

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| **THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY** | | | | | | | |
| THE STATE OF TEXAS  vs. | | | | | | | |
| **(CHARGE)** | | | **(DEGREE)** | | Interpreter required? **☐ Yes ☐ No**  If yes, what language? | | | |
| Defendant Currently In: **☐** County Jail  **☐** State Correctional Facility **☐** Mental Health Facility **☐** Not Incarcerated  If incarcerated, number of days: Out On Bond?: **☐** Yes **☐** No Amount of Bond: $ | | | | | | | |
| **THE FOLLOWING IS TO BE COMPLETED BY OR WITH DEFENDANT** | | | | | | | |
| **Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **First Name Middle Last Name Date of Birth (mm/dd/yyyy)**  **Citizenship: U.S. \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last four digits of SS#: XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |  | |
| **Address:**  **Street Apt No. City State Zip Code** | | | | | | | |
| **Phone Numbers: Home Cell**  **Work ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **I receive: □ Medicaid □ SSI □ SNAP □ TANF □ Public Housing □ VA Disability □ Other Public Assistance** | | | | | | | |
| **Are you Employed? □ Yes □ No Employer: ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Employer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Schedule (Days/Hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Salary/Hourly Pay Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Hours Worked per Week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How long have you worked at this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Paycheck: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Marital Status: □ Single □ Married □ Divorced □ Widowed □ Separated** | | | | | | | |
| **Name of Spouse:**  **First Name Middle Last Name** | | | | | | | |
| **Name of Dependents/Children that you support financially** | | | **Age** | **Relation to you** | | | **Do they live with you?** | |
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| **RESIDENCE INFORMATION** | | | | | | | |
| **Do you rent? □ Yes**  **□ No** | **Do you own? □ Yes**  **□ No** | **Do you reside in someone else’s home? □ Yes**  **□ No** | | | | **Are you homeless? □ Yes**  **□ No** | |
| **Number of working adults living with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount they contribute to your monthly expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

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| --- | --- |
| **MONTHLY INCOME** | |
| My take home pay | $ |
| Spouse’s take home pay | $ |
| Child Support (Received) | $ |
| SNAP (Food Stamps) | $ |
| Social Security/Disability | $ |
| Other Governmental Assistance | $ |
| Other Income | $ |
| **TOTAL MONTHLY INCOME** | **$** |
| **ASSETS**  (cars, home, bank accounts, etc.) | **VALUE** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL ASSETS:** | **$** |

|  |  |
| --- | --- |
| **MONTHLY EXPENSES** | |
| Rent/Mortgage | $ |
| Utilities (Elec., Gas, Water) | $ |
| Child Support (Paid) | $ |
| Other Child-Related Expenses | $ |
| Total Food Expenses | $ |
| Transportation Costs | $ |
| Cell/home phone | $ |
| Probation fees | $ |
| Medical Expenses / Health Insurance | $ |
| Minimum Monthly Credit Card Payment | $ |
| Cable TV or Satellite TV | $ |
| Other (Please specify) | $ |
| **TOTAL MONTHLY EXPENSES** | **$** |

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| --- |
| Defendant’s Oath & Defendant’s Unsworn Declaration (COMPLETE ONLY ONE) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Defendant’s Oath**  I have been advised of my right to representation by an attorney in connection with the charge pending against me. I certify that I am without means to employ an attorney of my own choosing and I hereby request the court to appoint an attorney for me.   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Defendant’s Signature** | **Date** |  |   **Administered Oath** (Clerk/Notary ONLY)  SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 .    **Clerk/Notary Public Signature Date**    **Unsworn Declaration by Defendant**  (Complete only if Defendant’s Oath is not administered)  My name is , My date of birth is . (First Name) (Middle Name) (Last Name)  My address is (Street Number and Street Name) (City) (State) (Zip Code) (Country)  **I declare under penalty of perjury that the foregoing is true and correct**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature  Executed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_ .  (Month) (Year) |
| **For Office Use Only** |
| **Defendant Currently Meets Eligibility Requirements of Federal Poverty Level 125%? □ YES ☐ NO Date-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Initials\_\_\_\_\_\_\_\_\_\_\_\_** |

**ORDER APPOINTING COUNSEL**

The Court, having reviewed and considered the defendant’s affidavit (and any information attached thereto) has determined that:

**□**  the defendant is indigent; or

**□**  “in the interest of justice” the defendant requires representation in this criminal proceeding.

Therefore, the Court appoints \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an attorney approved to practice in this Court, to represent the defendant until charges are dismissed, the defendant is acquitted, a trial and any post trial proceedings in the trial court are completed (including the filing and presentation of a *Motion for New Trial*), the attorney is replaced by other counsel, or the attorney is otherwise relieved of his duties by the Court.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE PRESIDING

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**ORDER DENYING COUNSEL**

The Court, having reviewed and considered the defendant’s affidavit (and any information attached thereto) has determined that the defendant DOES NOT qualify for an appointed attorney.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE PRESIDING