**Indigent Defense Coordinator**

**P.O. BOX 729**

**1902 E. US HIGHWAY 175**

**Kaufman, TX 75142**

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**Kaufman County Affidavit of Indigence**

**Juvenile**

**In the Interest of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that I must answer these questions truthfully and that the information I provide will be verified by an investigator designated by the court. If it is found that I have provided false or misleading information, I can be charged with the felony offense of AGGRAVATED PERJURY (Texas Penal Code 37.03) and/or TAMPERING WITH A GOVERNMENT DOCUMENT (Texas Penal Code 37.10). Each offense is punishable by up to 10 years in prison and a $10,000 fine. Knowing this, I affirm the following to be true.

**Parent/Guardian’s Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_\_

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Status of Juvenile**

Are you currently, or have you ever been, treated for mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what form of mental illness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an application pending at a mental health facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently in jail? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need the services of an interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Dependent Information**

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relatives or Close Friends**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Employer Information**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Worked: Per Week \_\_\_\_\_\_\_ Per Month\_\_\_\_\_\_\_\_

Pay Rate \_\_\_\_\_\_\_\_\_\_ Date Started \_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours Worked: Per Week \_\_\_\_\_\_\_ Per Month\_\_\_\_\_\_\_\_

Pay Rate \_\_\_\_\_\_\_\_\_\_ Date Started \_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Financial Information**

If you currently receive any public assistance, circle all that apply and list the amount of assistance under monthly income in the boxes below.

**Food Stamps Medicaid/Medicare/CHIPS Public Housing TANF SSI**

Other public assistance not included (please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Monthly Amount** | **Income** | **Monthly Amount** |
| Rent or Mortgage |  | Net Pay |  |
| Auto Payment |  | Spouse’s Net Pay |  |
| Auto Insurance |  | Tips |  |
| Home Insurance |  | Food Stamps |  |
| Life Insurance |  | Rental Income |  |
| Health Insurance |  | Pension Payments |  |
| Child Care |  | Unemployment |  |
| Child Support |  | SSI |  |
| Water |  | Child Support |  |
| Gas |  | TANF |  |
| Telephone |  | Social Security |  |
| Electricity |  | Medicaid/Medicare |  |
| Food |  | Misc Public Assistance |  |
| Medical |  | Cash/Gifts |  |
| Credit Cards |  | Public Housing |  |
| Cable/Internet |  | Alimony |  |
| Loans |  | Settlement |  |
| Other |  | Other |  |
| **Total:** |  | **Total:** |  |

Do you have any cash and/or money in savings or checking accounts? Yes/Total Amount $\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_ Do you own any valuable property? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the item(s) owned and values: Property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verification Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of employer or institution) to release my employment and/or financial information to a representative of the Kaufman County Court.

On this day, I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for the respondent. By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true. I also understand that a court official can verify any of the information for accuracy as required to determine my eligibility. I further understand that if I knowingly submit any incorrect or false information, or if I knowingly fail to submit any information, I will be denied appointment of counsel and may be subject to criminal prosecution for perjury.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Signature Date

*This section to be completed by court personnel only.*

This Respondent is/is not indigent. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Judge or Court Designee