

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

Cause No. _____

The State of Texas

In the _____ Court

vs.

_____ County

Offense _____

Level of Offense _____

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

Defendant's Personal Information

Name

Phone Number

Street Address

City, State, Zip

Social Security #

Driver's License #

Date of Birth

Name of Spouse

Dependents:

Name(s) (list below):

Age

Relation

Income

Are you currently in jail or in a correctional institution?

No

Yes If yes, provide name of institution:

Are you currently residing in a mental health facility?

No

Yes If yes, provide name of facility:

Do you have an application pending at a mental health facility?

No

Yes If yes, provide name of facility

Employer Information

Employer

Phone Number

Supervisor's Name

Street Address:

City, State, Zip

Hours worked _____ per week or _____ per month

Pay rate

Spouse's Employer

Street Address:

City, State Zip

Hours worked _____ per week or _____ per month

Pay rate

If unemployed, list:

Length of time unemployed

Name of previous employer

Street Address of previous employer:

City, State, Zip

Defendant's Financial Information

Public Assistance

Are you currently receiving (check all that apply)

____ Food Stamps

____ Medicaid

____ Public housing

____ Temporary Assistance to Needy Families (TANF)

____ Supplemental Security Income (SSI)

Expenses (Monthly)

Monthly
Payment

Rent or Mortgage Payment

Car Payment

Insurance (Life, Health, Car,
Homeowners, etc.)

Child Care

Child Support

Water

Gas

Telephone

Electricity

Food

Clothes

Medical

Cable TV or Satellite TV

Pager

Cell Phone

Loan and Debt Payments

Outstanding Loans (list type of Loans)

Credit Card Debt (list name of cards)

Balance:

\$ _____

Balance:

\$ _____

Other Monthly Expenditures (Describe)

TOTAL MONTHLY EXPENSES

Income (Monthly)

Monthly
Amount

Take Home Pay

Spouse's Take Home Pay

Investment Income

Stock Dividend

Bond Dividend

Rental Income

Pension Payments

Unemployment

Social Security Benefits

Child Support

Public Assistance

TANF

SSI

Medicaid

Other

Cash Gifts

Other (Describe)

TOTAL GROSS

MONTHLY INCOME

Assets		Value
A. Place of Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own Describe if house, condominium, apartment, other:		\$
B. Real Property Owned; Description/Location:		\$
C. Automobile(s) Make Model Year		\$
Make Model Year		\$
D. Stock and Bonds (provide description)		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
G. Other Assets (Identify)		VALUE
		\$
ASSETS TOTAL VALUE		\$

X _____
Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, on this ____ day of _____, 20__

District Clerk, County Clerk, J.P or Notary Public

This court finds the defendant is / is not indigent.

Signature of Judge

In accordance with Art. 26.05 TX CCP as amended, _____
is appointed to represent the Defendant named above. Said representation is to continue until charges are dismissed,
the defendant is acquitted, appeals are exhausted, or until relieved by the Court or replaced by other counsel. Signed
this ____ day of _____ 20__.

The following good cause exists for appointing an attorney out of order:

- ____ The defendant requesting Counsel does not speak English.
- ____ The defendant has an attorney already appointed in a prior pending or concluded matter.
- ____ The attorney next on the list is not immediately available.
- ____ Other good cause exists for varying from the list.

I elect to receive the flat fee _____, I will submit an itemized voucher _____. Please check blank.

Attorney

Order Allowing Attorney Fee: The above named attorney is hereby allowed the following fee, to be paid out of the
General Fund of the County, for services provided under the appointment by the Court:
Date: _____ Amount _____ Judge Presiding: _____