

## AFFIDAVIT OF INDIGENCE

***THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***

The State of Texas vs.	<input type="checkbox"/> Lampasas County Court  <input type="checkbox"/> 27 <sup>th</sup> Judicial District Court
Offense: _____ Fel. ___/Mis. ___	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: _____ Fel. ___/Mis. ___	If yes, language required: _____
Offense: _____ Fel. ___/Mis. ___	
Defendant Currently In: <input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Mental Health Facility	

***THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT***

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name MI Last Name

Address \_\_\_\_\_  
Street Apt No. City State Zip Code

Phone Numbers \_\_\_\_\_  
Home Cell Work Family Member

I/my spouse/my children who live with me receive:  
 Medicaid  SSI  SNAP/Food Stamps  TANF  Public Housing

Are you Employed?  Yes  No If yes, where? \_\_\_\_\_ Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Marital Status :  Single  Married  Divorced  Widowed  Separated

Name of Spouse \_\_\_\_\_  
First MI Last

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

**RESIDENCE INFORMATION**

Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
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MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>\$</b>	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

### Defendant's Oath

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge(s) pending against me. I swear or affirm the information provided above is true and correct. I swear or affirm that I cannot afford to hire an attorney to represent me, and I respectfully request the court to appoint counsel for me.

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

\_\_\_\_\_  
Date

**ONLY ONE SECTION BELOW TO BE COMPLETED.**

### 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

(Defendant ONLY)

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_.  
(First Name) (Middle Name) (Last Name)

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the information provided above is true and correct.

Defendant's signature: \_\_\_\_\_

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

**Defendant Currently Meets Eligibility Requirements?**

YES

NO

Date \_\_\_\_\_

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_ is appointed to represent defendant \_\_\_\_\_

on the following charge(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Approved: \_\_\_\_\_

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

**Appointing Authority**

**Attorney's Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Defendant's Location**

Bond Amount: \_\_\_\_\_ Bond:  Personal  Cash/Surety

Bonding Company: \_\_\_\_\_

**On Bond**

**Jailed**

Address: \_\_\_\_\_

County \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Facility \_\_\_\_\_

Email: \_\_\_\_\_

Was the defendant arrested on an out of county warrant?  Yes  No

If yes, warrant-issuing county: \_\_\_\_\_

Necessary forms have been transmitted to the appointing authority in the warrant issuing county within 24 hours.