**AFFIDAVIT OF INDIGENCY**

OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CAUSE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am fully competent to make this affidavit.

**PERSONAL INFORMATION**:

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Husband/Wife: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children under age 18 that you support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who lives with you: (check all that apply) \_\_ Parents \_\_ Wife/Husband \_\_ Children \_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**: \_\_\_ Unemployed \_\_\_ Employed

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Part Time \_\_ Full Time Weekly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving: (check all that apply)

\_\_Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Unemployment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Medicaid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Public Housing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Retirement $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_SSI $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Social Security $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any income not listed above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Total income from all sources: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES**: (check all that apply and list amounts):

\_\_Rent or Mortgage payments $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Food Stamps $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Car Payment $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Cable $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Child Care $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Loans $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Child Support $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Credit Cards $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Water/Gas/Electric $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Other $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Telephone/Cell Phone $\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Total Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ASSETS:**

\_\_ Automobile’s Owned (list make & model) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Property in your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AM CURRENTLY**: \_\_\_ IN JAIL

 \_\_\_ OUT OF JAIL ON A BOND

 \_\_\_ IN A MENTAL HEALTH FACILITY

 (Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**“I hereby request that an attorney be appointed to represent me because I am too poor/indigent to hire an attorney.”**

**“I swear or affirm that the information and facts that I have provided for the court are within my personal knowledge and are true and correct. I understand that if I intentionally or knowingly give false information that it may result in my 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).**

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

 Defendant’s Signature

SUBSCRIBED AND SWORN to before me, the undersigned authority this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

 Magistrate/Notary/District Clerk