

APPLICATION FOR COURT APPOINTMENT OF ATTORNEY - (Affidavit of Indigence)

CID No.: _____

Cause No. _____

Defendant: _____

Offense Charged: _____

PRINT YOUR RESPONSES CLEARLY. FILL IN ALL BLANKS. If you do not follow these instructions completely, your request for a court appointed attorney may be denied. All responses must be complete, current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the felony offense of aggravated perjury. **The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).** If you do not know the information being requested, answer "do not know." If the requested information does not apply to you, answer "n/a."

PERSONAL INFORMATION

Address: _____ Phone # _____

Name of Spouse: _____ # of Dependents _____ Their ages _____

EMPLOYMENT

Your Employer: _____ Number of Hours Worked: _____ per _____ (week/month)

Pay Rate: \$ _____ per _____ (hour/week/month)

Spouse's Employer: _____ Number of Hours Worked: _____ per _____ (week/month)

Pay Rate: \$ _____ per _____ (hour/week/month)

*If Unemployed: Length of Time Unemployed: _____ Previous Employer: _____

MONTHLY Income

MONTHLY Expenses

Take Home Pay	\$ _____	Rent/mortgage	\$ _____
Spouse's Take Home Pay	\$ _____	Car Payment	\$ _____
Retirement	\$ _____	Credit Cards	\$ _____
Unemployment	\$ _____	Gas/electric	\$ _____
Child Support	\$ _____	Water	\$ _____
Social Security	\$ _____	Food	\$ _____
SSI (disability)	\$ _____	Telephone	\$ _____
Medicaid	\$ _____	Insurance (Car/home)	\$ _____
Food Stamps	\$ _____	Child Care/child Support	\$ _____
Public Housing	\$ _____	Cable/satellite Tv	\$ _____
Rental Income	\$ _____	Cell Phone/pager	\$ _____
Other Income	\$ _____	Other Expenses	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

ASSETS

Do you own a house or real estate? ___ Yes ___ No Location of Property _____ Value of property: \$ _____

Do you own any cars or motorcycles? ___ Yes ___ No Make _____ Model _____ Year _____ Value \$ _____

Checking account location _____ Balance \$ _____ Savings account location _____ Balance \$ _____

Other Assets (jewelry, equipment, etc.) _____ Value \$ _____ **Total Value of Assets \$ _____**

By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

✓ _____
Defendant

Subscribed and sworn to before me on _____, 20____.

Notary Public for McLennan County, Texas

Defendant's application is _____ GRANTED (indigent) / _____ DENIED (not indigent) / _____ DENIED (improperly submitted)

Signed on: _____

Indigent Defense Coordinator / Judge Presiding