454TH JUDICIAL DISTRICT/ MEDINA COUNTY COURT AT LAW AFFIDAVIT OF INDIGENCE

	No			
The State of Texas		In the		Court
vs.				
		Medin	a County	
Offense		Level	of Offense	
sked, enter DO NOT KNO the blank.	OW in the blank. If the	he information	being asked do	es not apply to yo
the blank.	DW in the blank. If the Defendant's Per			es not apply to yo
Name				es not apply to yo
Name Phone Number				es not apply to yo
Name Phone Number Mailing Address				es not apply to yo
Name Phone Number Mailing Address City, State, Zip				es not apply to yo
Name Phone Number Mailing Address City, State, Zip Social Security #				es not apply to yo
Name Phone Number Mailing Address City, State, Zip				es not apply to yo
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth				es not apply to yo
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address				es not apply to yo
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?		sonal Informat	ion	es not apply to yo
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?	Defendant's Per	sonal Informat	ion	Child's Income
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?	Defendant's Per	sonal Informat	ion age:	
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?	Defendant's Per	sonal Informat	ion age:	
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?	Defendant's Per	sonal Informat	ion age:	
Name Phone Number Mailing Address City, State, Zip Social Security # Date of Birth Email Address Married or Single?	Defendant's Per	sonal Informat	ion age:	

Yes

If yes, provide name of institution:

Employer Information		
Employer:		
Phone Number:		
Supervisor's Name		
Street Address:		
City, State, Zip:		

If unemployed, list:			
Length of time unemployed:			
Date when unemployment bega	n: If under 30 days prior, fill in information requested above		

Defendant's Financial Information

Expenses (Monthly)

Public Assistance
Are you currently receiving (check all that apply)
Food Stamps (SNAP)
Medicaid
Public housing
Temporary Assistance to Needy Families (TANF)
Supplemental Security Income (SSI)

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income (What you earn)	·
Pension Payments	<u>'</u>
Unemployment Benefits	<u>'</u>
Social Security Benefits	
Child Support (What you receive)	
Trust Fund Payments (Received)	
Cash Gifts	
Other (Please Describe)	
TOTAL GROSS	
MONTHLY INCOME	

Rent or Mortgage Payment Car Payment Insurance (Life, Health, Car, Homeowners, etc.) Child Care Child Support (not taken out of your check) Gas (for home only-not vehicle) Water/ Trash Electricity Food- (Groceries and Going out to eat) Medical Bills (Monthly Payment) 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

Monthly Payment

Model version 1, p. 2 of 4 Adopted 11/15/06 – Task Force on Indigent Defense Modified by Medina County on 07/01/24

Asset A. Place of Residence Rent Own escribe if house, condominium, apartment, other:	
	Value: Enter how much each is worth and owed
escribe if house condominium enertment others	Worth: \$
escribe it nouse, condominatin, apartment, other:	Owed: \$
B. Real Property Owned; Description/Location:	\$
C. Automobile(s)	Worth: \$
Make Model Year	
Make Model Year	Owed: \$
vianc iviouei i ear	Worth: \$
	Owed: \$
Make Model Year	
	Worth: \$
	Owed: \$
D. Stock and Bonds (provide description)	\$
	\$
	\$
E. Other Property (list all jewelry, equipment, watercraft, tools, etc. with	
estimated worth \$500 or more)	\$ \$
	·
E. Davida Assessment Co. L.A. (XV. /E)	\$
F. Bank Accounts/ Cash App/ Venmo/ Etc. Bank/ Account Name Type of Account	Balance
Dank Account Name Type of Account	\$
	\$
	\$
	\$
G. Other Assets (Identify)	VALUE \$
	ф
ASSETS TOTAL VALUE	\$

- a. The Court finds the Defendant is not indigent.
- b. The Court finds the Defendant is indigent.
- c. The Court finds the Defendant is indigent; however, the Court finds that the Defendant has financial resources that enable him/her to offset in part or in whole the costs of the legal services provided upon disposition of the case

Signed this	day of	_, 20

Signature of Judge or Designee

Page 4 of 4 Modified by Medina County on 07/01/24