

STATE OF TEXAS

§ IN THE

VS

§ DISTRICT COURT OF

§

§ MIDLAND COUNTY, TEXAS

**AFFIDAVIT REGARDING INDIGENCE**

The undersigned appeared in person before me today and stated under oath:

My name is AA. I understand how to fill out this paper and all facts in this paper are true and correct.

I am the defendant in this case and know that I have the right to have an attorney to help me.

\_\_\_\_ I certify that I **HAVE** the money to hire an attorney for a trial against me.

**Attorney's name, if already retained:** \_\_\_\_\_

\_\_\_\_ I certify that I **DO NOT HAVE** the money to hire an attorney for the trial against me.

\_\_\_\_ I choose **NOT TO HAVE** an attorney appointed at this time. I reserve my right to request appointment of counsel for the trial against me.

NAME/DEFENDANT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

☐ I am homeless and do not have a mailing address.

Defendants Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

SIGNED UNDER OATH BEFORE ME ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SIGNATURE OF PERSON ADMINISTERING THIS OATH \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

CAUSE NO. \_\_\_\_\_

FINANCIAL INFORMATION STATEMENT  
CAUSE NO.

Defendants Full Name: \_\_\_\_\_  
Defendants Home Address: \_\_\_\_\_

1. I can **NOT** hire an attorney because: \_\_\_\_\_  
\_\_\_\_\_

2. I receive public benefits/gov. assistance that are based on indigence (write amount):  
\$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ Food Stamps/SNAP \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_ Medicaid  
\$ \_\_\_\_\_ CHIP \$ \_\_\_\_\_ Public Housing \$ \_\_\_\_\_ Needs-based VA assistance \$ \_\_\_\_\_ Disability  
\$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_ Emergency Assistance

3. My income sources ☐ Unemployed since (date) \_\_\_\_\_ -or- ☐ Employed:  
I work for \_\_\_\_\_, my job is \_\_\_\_\_  
I make \$ \_\_\_\_\_ daily/weekly/biweekly/monthly

4. Other money I receive (write amount) \$ \_\_\_\_\_ (ex: spousal support, child support)

5. Do you have a bank account ☐ Yes ☐ No Name of Bank: \_\_\_\_\_  
☐ Yes ☐ No Checking Account: Amount in Account: \$ \_\_\_\_\_  
☐ Yes ☐ No Savings Account: Amount in Account: \$ \_\_\_\_\_

6. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Common-law  
☐ My wife/husband does **not** work  
☐ My wife/husband works at \_\_\_\_\_, paid \$ \_\_\_\_\_ daily/weekly/biweekly/monthly

7. Children:  
☐ I have **NO** children  
☐ I have \_\_\_\_\_ children living with me; ages of children; \_\_\_\_\_  
☐ I have \_\_\_\_\_ children **NOT** living with me; ages of children; \_\_\_\_\_

8. Property I own (property that is in your name and is paid in full):  
House/Land: \_\_\_\_\_  
Mortgage Co: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Vehicles (cars, truck, motorcycles): \_\_\_\_\_  
Vehicle Loan Co.: \_\_\_\_\_ Monthly Payments: \$ \_\_\_\_\_  
Other property (jewelry, boats, 4 wheelers, etc.): \_\_\_\_\_

9. My debts include (list debt and amount owed): \_\_\_\_\_

10. Each month I pay:  
Rent \$ \_\_\_\_\_, Cell Phone \$ \_\_\_\_\_, Utilities \$ \_\_\_\_\_, Cable \$ \_\_\_\_\_, Insurance \$ \_\_\_\_\_,  
Food/Household items \$ \_\_\_\_\_, Clothing/Laundry \$ \_\_\_\_\_, Other \$ \_\_\_\_\_, Child Support \$ \_\_\_\_\_,  
Childcare/Daycare \$ \_\_\_\_\_, Gas/Bus fare \$ \_\_\_\_\_,

☐ I do not pay monthly bills because: \_\_\_\_\_

Defendants Signature: \_\_\_\_\_

FOR OFFICIAL USE ONLY

SIGNED UNDER OATH BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

SIGNATURE OF PERSON ADMINISTERING THIS OATH \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_