

AFFIDAVIT OF INDIGENCE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>				
The State of Texas vs.		_____ County Court _____ District Court		
Offense:	Felony/Misd:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offense:	Felony/Misd:	If yes, language required:		
Offense:	Felony/Misd:			
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility				
<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>				
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 receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing				
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Type of Work _____				
Number of Hours per Week: _____ How long have you worked at this job? _____				
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Name of Spouse _____				
First	MI	Last		
Name of Dependent Child(ren) (0-18 yrs.)		Age	Name of Dependent Child(ren) (0-18 yrs.)	
RESIDENCE INFORMATION				
Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no	
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	\$	
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$	
			TOTAL MONTHLY EXPENSES	\$

_____ COUNTY

Cause No. _____

Defendant's Oath

On this _____ day of _____, 20____, I have been advised of my right to representation by counsel in connection with the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby 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 foregoing is true and correct.

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

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____