

CAUSE NO. «Case_Numbers»

THE STATE OF TEXAS § IN THE CRIMINAL COURTS
 VS. § OF
 «Def_Name» § ORANGE COUNTY, TEXAS

SO NUMBER: «SO_Number»

AFFIDAVIT OF INDIGENCE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>			
Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, language required:	
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 _____	
_____ / ____ / ____	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.)	Age
RESIDENCE INFORMATION			
Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
<u>MONTHLY INCOME AND ASSETS</u>		<u>MONTHLY EXPENSES</u>	
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	\$
Cash and Assets	\$	Medical Expenses/Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$

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Defendant's Oath

On this _____ day of _____, 20 ____, I have been advised of my rights 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 _____