**AFFIDAVIT OF INDIGENCE**

**No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The State of Texas** **In the District Court**

**vs.** **of**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rusk County, Texas**

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars ($10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blanks. If the information being asked does not apply to you, enter N/A in the blank.

**Defendant’s Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dependents: Name Age Relationship Income

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently in jail or in a correctional institution? Yes No

 If Yes, provide name of institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of days \_\_\_\_\_\_\_\_\_

Are you currently residing in a mental health facility? Yes No

 If Yes, provide name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of days \_\_\_\_\_\_\_\_\_

Do you have an application pending at a mental health facility? Yes No

 If yes, provide name of facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYER INFORMATION**

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_

Hours worked \_\_\_\_\_\_\_ per week or \_\_\_\_\_ per month Rate of pay \_\_\_\_\_\_\_\_\_\_\_

If unemployed, list: length of time unemployed \_\_\_ (days) (months)

Name of previous employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_

Hours worked \_\_\_\_\_\_\_ per week or \_\_\_\_\_ per month Rate of pay \_\_\_\_\_\_\_\_\_\_\_

**DEFENDANT’S FINANCIAL INFORMATION**

Public Assistance Monthly Income $$ Monthly

Are you currently receiving (check all that apply)

\_\_\_ Food Stamps Take Home Pay \_\_\_\_\_\_

\_\_\_ Medicaid Spouse’s Take Home Pay \_\_\_\_\_\_

\_\_\_ Public Housing Investment Income

\_\_\_ Temporary Assistant to Needy Families (TANF) Stock Dividend \_\_\_\_\_\_

\_\_\_ Supplemental Security Income (SSI) Bond Dividend \_\_\_\_\_\_

Monthly Expense $$ Paid Monthly Rental Income \_\_\_\_\_\_

Rent/Mortgage Payment \_\_\_\_\_\_\_ Pension Payments \_\_\_\_\_\_

Car Payment \_\_\_\_\_\_\_ Unemployment \_\_\_\_\_\_

Insurance(Life, Health, Car, \_\_\_\_\_\_\_ Social Security Benefits \_\_\_\_\_\_

 Homeowners, etc.)

Child Care \_\_\_\_\_\_\_ Child Support (received) \_\_\_\_\_\_

Child Support (paid) \_\_\_\_\_\_\_ Public Assistance (received)

Water \_\_\_\_\_ Gas \_\_\_\_\_ Food \_\_\_\_\_\_\_ TANF \_\_\_\_\_\_

Telephone \_\_\_\_\_\_ Electricity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSI \_\_\_\_\_\_

Clothes \_\_\_\_\_\_ Medical \_\_\_\_\_\_ Medicaid \_\_\_\_\_\_

Cable/Satellite TV \_\_\_\_\_\_\_\_ Pager \_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_ Loan/Debt Payments \_\_\_\_\_\_\_\_\_ Cash Gifts \_\_\_\_\_\_

List Name of Outstanding Loans Other Income Describe \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TOTAL GROSS** **MONTHLY**

List Name of Credit Cards & Debt **INCOME** $\_\_\_\_\_\_

Name of Card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Monthly Expenditures (Describe)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL MONTHLY EXPENSES $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSETS**

Place of Residence – Rent \_\_\_\_\_ Own \_\_\_\_\_ Value $\_\_\_\_\_\_\_\_

 House \_\_\_\_ Condominium \_\_\_\_ Apartment \_\_\_\_\_ Other\_\_\_\_\_

Real Property Owned – Description/Location: Value $ \_\_\_\_\_\_\_

Automobile(s)

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_ Value $ \_\_\_\_\_\_\_

Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_ Value $ \_\_\_\_\_\_\_

Stocks and Bonds – provide description

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_

Other Property – list all jewelry, equipment, watercrafts, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Value $ \_\_\_\_\_\_\_

Bank Accounts

Name of Bank Type of Account Balance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_

Other Assets – Identify Value $ \_\_\_\_\_\_\_\_\_\_

**TOTAL VALUE ASSETS $ \_\_\_\_\_\_\_\_\_\_**

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_, I have been advised by the 4th District Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. 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’s Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 District Clerk

This court finds the defendant is / is not indigent.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judge Presiding