

CAUSE NO. _____

THE STATE OF TEXAS § IN THE □ COUNTY COURT
VS. § OF □ 132ND DISTRICT COURT
§ SCURRY COUNTY, TEXAS

AFFIDAVIT OF INDIGENCE

Application for Court Appointed Attorney

Name:				Date of Birth:																			
Physical Address:			Mailing Address:			<input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Reside with family																	
Email Address:																							
Phone Numbers		Home:		Cell:		Work:		Emergency:															
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				I support _____ children and/or _____ dependents.																			
I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing																							
Employment Status? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed				Salary/Wages: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly																			
If Employed, Name of Employer:																							
Spouse's Employment? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed				Salary/Wages: \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly																			
If Employed, Name of Employer:																							
MONTHLY INCOME (Estimate if necessary)				MONTHLY EXPENSES (Estimate if necessary)																			
My net income (take home pay)		\$		Rent/Mortgage		\$																	
Spouse's gross (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		\$		Expenses Minimum Monthly Credit Card/Loan Payment		\$																	
TOTAL MONTHLY INCOME AND ASSETS				TOTAL MONTHLY EXPENSES																			
\$				\$																			
ASSETS (if applicable)																							
Value of Home		\$		Mortgage		\$		Value of car(s)		\$		Car Loan(s)		\$									
Cash in Checking, Savings or Similar Account						\$						Cash in Spouse's Account						\$					
Defendant's Unsworn Declaration (§132.001 CRPC)																							
I certify the above information is true and correct and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I believe that the interest of justice requires court appointed representation. I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third-degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00).																							
My name is _____, my date of birth is _____, and my address is _____ _____ in the United States of America.																							
If currently incarcerated, my inmate identifying number, if any, is _____.																							
I am presently incarcerated at _____																							
I declare under penalty of perjury that the foregoing is true and correct.																							
Executed in _____ County, Texas, on _____.																							
														Defendant's Signature									
TO BE COMPLETED BY JUDGE ONLY																							
Defendant Meets Eligibility Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO																							
Having found Applicant indigent, the Court appoints the following Attorney to represent Applicant:																							
														_____ Judge Presiding									
														Date ____/____/____									