**SOMERVELL COUNTY**

Financial Affidavit and Request for Court Appointed Attorney

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| **For Somervell County Use Only** |
|  |  |  |  |  |  |
| **Case No.:** |  | **PID No.:** |  | **Court:** | **County** |
|  |  |  |  |
| **Respondent:** |  | **D.O.B.:** |  |
|  |  |
| **Physical Address:** |  |
| Include Street, City, State, Zip Code: |
| **Mailing Address:** |  |
| Include Street or P.O. Box, City, State, Zip Code: |
|  |
| **Social Security No.:** |  | **Telephone Number:** |  |
|  |  |  |  |
| **Driver’s License No.:** |  | **Alleged Offense:** |  |
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| **Size of family unit (members of immediate family that you are legally obligated to financially support).****List names, age and relationship.** |
| **Name:** | **Age:** | **Relationship** |
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| **Monthly Income:** | **Amount:** | **Necessary Monthly Living Expenses:** | **Amount:** | **Assets:** | **Amount:** |
| Your income: |  | Rent/Mortgage: |  | Cash on Hand: |  |
| Spouse’s income: |  | **Transportation:** |  | Value of Stocks and Bonds: |  |
| SSI/SSID: |  | Make:Model:Year: |  | Amount in Savings Account: |  |
| AFDC/TANF/Food Stamps: |  | Auto Payment/s: |  | **Other Assets:** |  |
| Social Security: |  | Auto Insurance: |  |  |  |
| Child Support: |  | Utilities (gas, electric, etc.): |  |  |  |
| Other Gov. Amount: |  | Clothes/Food: |  |  |  |
| Unemployment: |  | Day Care/Child Care: |  |  |  |
| Other Income: |  | Health Insurance: |  |  |  |
|  |  | Credit Cards: |  |  |  |
|  |  | Court Ordered Fees: |  |  |  |
|  |  | Child Support: |  |  |  |
| **TOTAL INCOME:** |  | **TOTAL NECESSARY EXPENSES:** |  | **TOTAL ASSETS:** |  |

**Special Needs:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bilingual attorney requested? | □ | Yes | □ | No | If yes, what language? |  |

|  |  |
| --- | --- |
| Other special needs: |  |

**By signing below, I am stating to the Court that I am the respondent responsible for the welfare of the above named family members. I have also been advised of my right to representation by an attorney in the trial of the pending matters. I certify that I am without means to employ an attorney of my own choosing and I hereby request the Court to appoint an attorney for me. I swear or affirm that the above information is true and correct. The information I listed above is correct and accurate and I will immediately notify the Court of any change in my financial situation.**

**● All information is subject to verification.**

**● Intentional falsification of the information contained in this document could subject you to being charged with a criminal offense.**

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| --- | --- | --- |
| **Signature of Inmate/Respondent:** |  | **Date:** |

**VERIFICATION:**

**Before me, the undersigned, personally appeared the above named defendant/person who signed this document in my presence and who swore that the information he/she provided is true and correct.**

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| --- | --- | --- |
| **Notary Public/Magistrate****Somervell County, Texas** |  | **Date:** |

*Seal*

**Inmate’s/Respondent’s Unsworn Declaration under Penalty or Perjury.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being presently incarcerated in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , County, Texas, declare under penalty or perjury that the foregoing is true**

**and correct.**

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| --- | --- | --- | --- |
| **Court appointed attorney approved:** | □ | **Court approved attorney denied:** | □ |

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| **County Judge****Somervell County, Texas** |  | **Date:** |