**Taylor County APPLICATION FOR COURT APPOINTED ATTORNEY (Affidavit of Indigence)**

**(Criminal Cases)**

1. CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Taylor County. S.O. # \_\_\_\_\_\_\_\_

2. CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. CASE#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My Full Legal Name is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other Names I Have Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Age is: \_\_\_\_\_ My D.O.B. is**: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  **I SPEAK ENGLISH (Check One)** YES **\_\_\_** or NO **\_\_\_**

**LIST SPOUSE & ALL CHILDREN UNDER 18 YOA IN LIST ANYONE ELSE WHO LIVES WITH YOU IN BLANKS IN BLANKS BELOW: ↓ BELOW (RELATIVES, FRIENDS, ETC.): ↓**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name**  **Lives With You?** | Relationship | Age | **Name**  **Lives With You?** | Relationship | Age |
| 1. Yes No |  |  | 1. Yes No |  |  |
| 2. Yes No |  |  | 2. Yes No |  |  |
| 3. Yes No |  |  | 3. Yes No |  |  |
| 4. Yes No |  |  | 4. Yes No |  |  |
| 5. Yes No |  |  | 5. Yes No |  |  |

**I Live At: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street) In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City) \_\_\_\_ (State) \_\_\_\_\_\_\_ (Zip Code) House, Apt, Other.**

**My Phone # is (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Alternate Phone Number is (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle One Above)**

**My Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Not Employed, When Was the Last Day You Worked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where Did You Work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Employment Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***ALL BLANKS MUST BE COMPLETED***

***OR APPLICATION WILL BE DENIED***

|  |  |  |  |
| --- | --- | --- | --- |
| **Are You, Your Spouse or Children Now Receiving?** |  | **MONTHLY INCOME** | **AMOUNTS** |
| **\_\_\_ Food Stamps** \_\_\_\_**TANF** |  | **YOUR Take Home Pay From Employment (Job)** |  |
| **\_\_\_ Medicaid/Medicare \_\_\_\_SSI** |  | **Spouse, Fiancé’s Income From Employment (Job)** |  |
| **\_\_\_\_Public Housing \_\_\_\_Social Security** |  | **SSI – Supplemental Security Income** |  |
| **EXPENSES: YOU & SPOUSE/FIANCE’ PER MONTH** | **PAYMENTS** | **Rental Income** |  |
| **Rent or Mortgage Payment** |  | **Pension Payments** |  |
| **Vehicle(s) Payment(s)** |  | **Unemployment Benefits** |  |
| **Insurance (Homeowner’s, Life, Health, Vehicle, Dental)** |  | **Social Security Benefits** |  |
| **Child Care (Daycare or After School Care)** |  | **Child Support Which YOU RECEIVE** |  |
| **Electricity, Water, Gas ---Total🡪** |  | **Other Monthly Income (Describe)** |  |
| **Landline Telephone, Cell Phone** |  |  |  |
| **Food/Gasoline** |  | **TOTAL MONTHLY INCOME $** |  |
| **Prescriptions or Other Monthly Medical Costs** |  |  |  |
| **Child Support, Which YOU PAY** |  | **\*TOTAL CASH YOU HAVE IN BANK, SAVINGS, AT HOME, ON HAND** |  |
| **Probation/Parole Payments** |  |  |  |
| **Other Monthly Expenditures (Describe)** |  | **(This space for Office use Only)** |  |
| **TOTAL MONTHLY EXPENSES** |  |  |  |

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

**Do You Own/Buying Any Real Estate? \_\_\_\_\_\_\_Value: $ \_\_\_\_\_\_\_\_\_\_\_\_ Do You Own/Buying Any Vehicles? \_\_\_\_\_\_ Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I Am Currently** **(Check One Box)**  **In Jail Since: \_\_\_\_\_\_\_­­ or** **I Am Out on Bond. (Circle the Type) (Cash) (Personal) (Bondsman) or (CSRP).**

**I Am Currently on a MENTAL HEALTH Caseload or I Have an Application Pending: (Check One) YES NO**

**I understand that any and all information can be verified, and I have authorized the court to do so. “I swear or affirm that the above information and facts I have provided for the court are within my personal knowledge and are true and correct. I understand that if I intentionally or knowingly give false information either in this affidavit or during any hearing on my financial status, that I may be prosecuted for aggravated perjury and if convicted, be sentenced to serve up to ten (10) years in the penitentiary.”**

**NOTARY SEAL HERE**

**Defendant’s Signature Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBSCRIBED and SWORN to before me on this date: (Month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this (Day) \_\_\_\_\_ and on this (Year) 20\_\_\_\_.**

|  |
| --- |
| **DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**  **DATE APPOINTED: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**  **DATE DENIED: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**  **ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **JUDGE’S SIGNATURE** / IDC SIGNATURE: |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **(Official’s Signature Here)**

Indigent Defense Official Court Administrator

Deputy District Clerk Court Bailiff/Deputy Constable

Notary Public Magistrate

**(Revised September 2021, SM)**