		Indigence	Form				
Defendant Name:					Cause #:		
DOB:	А	ddress:			Special Needs:		
Booking No:		Defendant's Mobile:			Agrees to accept text messages Yes	No	
Defendant's Email Addre	ess:						
Size of family unit (Mem	bers of immediat	e family that you support f	financially) To	otal Nu	mber of Dependants (inc self):		
Name:		Age:			Relationship:		
					Ham large		
Employer:		Position:			How long:		
Monthly Income		Necessary Mo. Living Expenses			Nonexempt Assets		
Your Salary	ı	Monthly Rent Payment			Cash on Hand (self and spouse):		
Spouse's Salary		Monthly Mortgage Paymer	nt		Amount in Savings /401K account		
SSI U		Utilities (gas, electric, etc.)			Amount in checking account		
SSDI		Transportation:			Any financial institutions where cash is held:		
TANF	N	Make/ Model/ Year:			Value of Real Property (land):		
Child Support	ı	Day Care/Child Care			Value of stocks, bonds, investments, other assets		
Other Government Chec	:k r	Medical Expenses					
Other Monthly Income		Court-Ordered Monies					
		Child Support					
		Clothes/Food					
TOTAL INCOME*		TOTAL NECESSARY EXPENS	SES*		TOTAL ASSETS		
What is the most money and friends?	you could reason	ably pay to get out of jail v	vithin 24 hours	s after y	our arrest, including any contributions	from family	
Defendant refused to pro	ovide financial info	ormation :					
Comments:							
TOTAL MONTHLY INCOME					DEFENDANT MEETS ELIGIBILITY REQU	JIREMENTS	
TOTAL MONTHLY EXPENSES					YES No	0	
DIFFERENCE (net income)					UNDETERMINED		
court to appoint counse above information is tr in my financial situatio criminal offense.	el for me, then I ue and correct. n. I understand	certify that I am without The information I listed	t means to em lis accurate d et to verificati	iploy co and I w	c charge pending against me. If I am ounsel of my own choosing. I swear till immediately notify the court of and that falsification of this information I will hire my own attorney.	that the y changes	
Signature of Defendant			Date				