**AFFIDAVIT OF INDIGENCE**

|  |
| --- |
| **N/A and 0 are not answers (if no income – explain if no expenses – explain)**Defendant Currently In: [ ]  Correctional Facility[ ]  Mental Health Facility[ ]  In Jail |

|  |
| --- |
| ***This portion to be completed by or With DEFENDANT***  |
| **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Birth \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_** |
|  **First Name MI Last Name** |
| **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Street Apt No. City State Zip Code**  |
| **Phone Numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Home Cell Work Family Member** |
| **I receive:** [ ]  **Medicaid** [ ]  **SSI** [ ]  **SNAP** [ ]  **TANF** [ ]  **Public Housing** |
| **Are you Employed?** [ ]  **Yes** [ ]  **No If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Number of Hours per Week: \_\_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_\_\_\_\_ If unemployed: Are you eligible to return to** **work: Yes No** |
| **Marital Status :** [ ]  **Single** [ ]  **Married** [ ]  **Divorced** [ ]  **Widowed** [ ]  **Separated** |
| **Name of Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **First MI Last**  |
|  |
| **Name of Dependent Child(ren)****(0-18 yrs.)** | **Age** | **Name of Dependent Child(ren)****(0-18 yrs.)** | **Age** |
|  |  |  |  |
|  |  |  |  |
| **RESIDENCE INFORMATION** |
| **Rent: Yes or No**  | **Own: Yes or No**  | **Reside with family: Yes or No**  | **Homeless: Yes or No** |
| **Public Housing: Yes or No** | **Comments:** |
|  |
| **MONTHLY INCOME AND ASSETS** | **MONTHLY EXPENSES** |
| **My take home pay** | **$** | **Rent/Mortgage** | **$** |
| **Spouse’s 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** | **$** | **Probation fees** | **$** |
| **Assets (car, house, etc.)** | **$** | **Medical Expenses / Health Insurance** | **$** |
| **Describe Other Income Above:** |  | **Minimum Monthly Credit Card Payment** | **$** |
| **TOTAL MONTHLY INCOME** **AND ASSETS** | **$** | **TOTAL MONTHLY EXPENSES** | **$** |

**I have/have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:**

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

**Incomplete, all zeros or N/A will result in your application being denied.**

**Intentionally or knowingly giving false information may result in 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).**

|  |
| --- |
| **Defendant’s Oath** |
| On this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**Defendant’s Signature Date |

|  |
| --- |
| ONLY **ONE SECTION** BELOW TO BE COMPLETED.  |
| **Administered Oath**(Clerk/Notary ONLY) |
| SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_** **Clerk/Notary Public Signature Date**  |
|  **Unsworn Declaration by Defendant**(Defendant ONLY) |
| My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (First Name) (Middle Name) (Last Name)My address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_\_\_. (Street Number and Name) (City) (State) (Zip Code) I declare under penalty of perjury that the foregoing is true and correct.Executed in Van Zandt County, State of Texas, on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_. (Month) (Year) |