**AFFIDAVIT OF INDIGENCE**

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| **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 |

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| ***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).**

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| **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 |

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| 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) |