

Vs.

State of Texas

Defendant Name:				Interviewing Staff:			
DOB:		Age:		Booking #:		SO #	
Court:		Cause:		Offense:			
Special Needs:				Def Currently:	<input type="checkbox"/> In Correctional Facility <input type="checkbox"/> On Bond <input type="checkbox"/> In Mental Health Facility		
Interpreter Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language:		Interpreter Name/ID:			
Defendant Refused to Provide Data:	<input type="checkbox"/> Check if Applicable			5 Day Review Date/Staff			

AFFIDAVIT OF FINANCIAL CONDITION

Marital/Family Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Spouse's Name (if Married)					
Number of dependents that rely on you for financial support (not including yourself):					
	Name	Age	Relationship		

Housing Information:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family <input type="checkbox"/> Homeless			
I live at (address, city, state, zip)				
How long at this address:				
Phone number & type (cell, home):		My email address:		

I receive:	<input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing				
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Employment Information:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		Hours worked per week?	
Employer's name:				
Employer's address:				
Employer's telephone number:		How long employed:		
Job or occupation:				
If not employed, my last job was:				

Monthly Income		Necessary Monthly Living Expenses		Nonexempt Assets	
Your Salary		Rent/Mortgage and Insurance		Cash on Hand	
Spouse's Salary		Transportation Costs		Value of Real Property (Land)	
Child Support Received		Utilities (Elec., Gas, Water)		Amount in Savings Account	
Other Government Check		Cell/Home Phone		Amount in Checking Account	
Other Income		Food		Value of Stocks, Bonds, and Investments	
		Child Related Expenses, incl. Child Support/Child Care			
		Health Insurance & Medical Expenses			
		Probation Fees/ Court Ordered Monies			
		Minimum Credit Card Payment			
TOTAL INCOME		TOTAL NECESSARY EXPENSES		TOTAL ASSETS	
List any Financial Concerns you would like the Court to consider:					

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THIS SECTION TO BE COMPLETED BY DEFENDANT ONLY

I have been advised of my right to representation by counsel in connection with the charge(s) pending against me. If I am asking the court to appoint counsel for me, then I certify that I am without means to employ counsel of my own choosing. I swear under penalty of perjury that the above information is true, correct, and complete. The information listed above is accurate and I will immediately notify the court of any changes in my financial situation. I understand that all information in this affidavit is subject to verification and that falsifying this information is a criminal offense.

I am asking the Court to appoint a lawyer for me in Williamson County:

I am asking the Court to appoint a lawyer for me in another county (list county):

I am not asking the Court to appoint a lawyer for me.

Defendant Signature

Date

Sworn to and subscribed before me on the date shown:

Magistrate/Peace Officer/Pretrial Services Staff

THIS SECTION TO BE COMPLETED BY STAFF ONLY

Defendant Currently Meets Eligibility Requirements?

YES

NO

Staff Initials/Date