

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas _____ County Court
 vs. _____ District Court

Offense: Felony/Misd: Interpreter required? Yes No
 Offense: Felony/Misd: If yes, language required:
 Offense: Felony/Misd:

Defendant Currently In: Correctional Facility Mental Health Facility

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name _____ Date of Birth ____/____/____
 First Name MI Last Name

Address: _____
 Street City State Zip Code

Phone Numbers: _____
 Home Cell Work

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? _____

Marital Status: Single Married Divorced Widowed

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
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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	\$

TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

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) (Middle) (Last) (month/day/year)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.
(day) (Month) (Year)

Defendant Currently Meets Eligibility Requirements?

YES

NO reason: _____

Signature: _____

Date: _____

ORDER APPOINTING COUNSEL

_____ is appointed to represent defendant _____ on
the following charge(s): _____

_____.

Approved: _____ Date: _____

Appointing Authority position: _____

Attorney's Information

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____

Defendant's Location

Bond Amount: _____ Bond: Personal Cash/Surety

Bonding Company: _____

On Bond

Jailed

Address: _____

County _____

City, State, Zip: _____

Telephone Number: _____

Facility _____

Was the defendant arrested on an out of county warrant? Yes No

If yes, warrant-issuing county: _____

Necessary forms have been transmitted to the appointing authority in the warrant issuing
county within 24 hours. _____ Date: _____

Signature of person who transmitted forms.