

# AFFIDAVIT OF INDIGENCE

Case # \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY**

The State of Texas \_\_\_\_\_ County Court  
vs. \_\_\_\_\_ District Court

Offense: _____	Felony/Misd: _____	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> 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 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? \_\_\_\_\_

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
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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	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	\$	Minimum Monthly Credit Card Payment	\$

TOTAL MONTHLY EXPENSES

\$

**Defendant's Oath (Attorney Appointment/Bail Affidavit)**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I have been advised by \_\_\_\_\_ Court of my right to representation by counsel and the importance of providing true and complete information about my financial situation in connection with the charge pending against me. I am without means to pay \_\_\_\_\_ and hereby request that an appropriate bail be set in connection with the charge pending against me. I also 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)      (Country)

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

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

**Defendant Currently Meets Eligibility Requirements?**

YES

NO

Date \_\_\_\_\_