**AFFIDAVIT OF INDIGENCE**

|  |  |  |
| --- | --- | --- |
| ***This section to be filled out by Court Personnel*** | | |
|  | | |
| No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  |
| The State of Texas |  | In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court |
|  |  |  |
| vs. |  |  |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Andrews County |
|  |  |  |
| Offense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Level of Offense \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

**All information must be completed by the child’s parent(s) or other person responsible for the welfare of the child and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your 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). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.**

|  |  |
| --- | --- |
| **Personal Information of the Child’s Parent(s) or Other Person Responsible for the Welfare of the Child** | |
| Name |  |
| Phone Number |  |
| Street Address |  |
| City, State, Zip |  |
| Social Security # |  |
| Driver’s License # |  |
| Date of Birth |  |
| Name of Spouse |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dependents: | | | |
| Name(s) (list below): | Age | Relation | Income |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Are you currently in jail or in a correctional institution? |
| \_\_\_ No |
| \_\_\_ Yes If yes, provide name of institution: |
|  |
| Are you currently residing in a mental health facility? |
| \_\_\_ No |
| \_\_\_ Yes If yes, provide name of facility: |
|  |
| Do you have an application pending at a mental health facility? |
| \_\_\_ No |
| \_\_\_ Yes If yes, provide name of facility |

|  |  |
| --- | --- |
| Employer Information | |
| Employer |  |
| Phone Number |  |
| Supervisor’s Name |  |
| Street Address: |  |
| City, State, Zip |  |
| Hours worked | \_\_\_ per week or \_\_\_ per month |
| Pay rate |  |
| Spouse’s Employer |  |
| Street Address: |  |
| City, State Zip |  |
| Hours worked | \_\_\_ per week or \_\_\_ per month |
| Pay rate |  |

|  |  |
| --- | --- |
| If unemployed, list: | |
| Length of time unemployed |  |
| Name of previous employer |  |
| Street Address of previous employer: |  |
| City, State, Zip |  |

|  |
| --- |
| **Financial Information of the Child’s Parent(s) or Other Person Responsible for the Welfare of the Child** |

|  |
| --- |
| Public Assistance  Are you currently receiving (check all that apply) |
| \_\_\_ Food Stamps  \_\_\_ Medicaid  \_\_\_ Public housing  \_\_\_ Temporary Assistance to Needy Families (TANF)  \_\_\_ Supplemental Security Income (SSI) |

|  |  |
| --- | --- |
| Income (Monthly) | Monthly Amount |
| Take Home Pay |  |
| Spouse’s Take Home Pay |  |
| Investment Income |  |
| Stock Dividend |  |
| Bond Dividend |  |
| Rental Income |  |
| Pension Payments |  |
| Unemployment |  |
| Social Security Benefits |  |
| Child Support |  |
| Public Assistance |  |
| TANF |  |
| SSI |  |
| Medicaid |  |
| Other |  |
| Cash Gifts |  |
| Other (Describe) |  |
|  |  |
| **TOTAL GROSS MONTHLY INCOME** |  |

|  |  |
| --- | --- |
| Expenses (Monthly) | Monthly Payment |
| Rent or Mortgage Payment |  |
| Car Payment |  |
| Insurance (Life, Health, Car, Homeowners, etc.) |  |
| Child Care |  |
| Child Support |  |
| Water |  |
| Gas |  |
| Telephone |  |
| Electricity |  |
| Food |  |
| Clothes |  |
| Medical |  |
| Cable TV or Satellite TV |  |
| Pager |  |
| Cell Phone |  |
| Loan and Debt Payments | |
| Outstanding Loans (list type of Loans) |  |
|  |  |
|  |  |
| Credit Card Debt (list name of cards) |  |
| Balance: $\_\_\_\_\_\_\_\_\_\_ |  |
| Balance: $\_\_\_\_\_\_\_\_\_\_ |  |
| Other Monthly Expenditures (Describe) |  |
|  |  |
|  |  |
| **TOTAL MONTHLY EXPENSES** |  |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assets**   |  |  | | --- | --- | | **Asset** | **Value** | | **A.** Place of Residence \_\_\_ Rent \_\_\_ Own  Describe if house, condominium, apartment, other: | $ | | **B.** Real Property Owned; Description/Location: | $ | | **C.** Automobile(s)  Make Model Year | $ | | Make Model Year | $ | | Make Model Year | $ | | **D.** Stock and Bonds (provide description) | $ | |  | $ | |  | $ | | **E.** Other Property (list all jewelry, equipment, watercrafts, etc.) | $ | |  | $ | |  | $ | | **F.** Bank Accounts   |  |  |  | | --- | --- | --- | | Bank Name | Type of Account | Balance | |  |  | $ | |  |  | $ | |  |  | $ | |  |  | $ | | | | **G.** Other Assets (Identify) **VALUE**  $ | | |  | | | **ASSETS TOTAL VALUE $** | | |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

On this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_, I have been advised by the District/County Court of the child’s right to representation by counsel in the trial of the pending matters. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for the child. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

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

Signature of the Child’s Parent(s) or Other Person Responsible for the Welfare of the Child

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

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

Notary Public, State of Texas

This court finds the child **is / is not** indigent.

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

Signature of Judge

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**VERIFICATION AGREEMENT**

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

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

Applicant’s Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

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

Notary Public, State of Texas

My employment information:

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My financial information:

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Employee/Person Subject to Financial Information

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