

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

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

List Offense(s) Below:

**Check which degree of
 Felony(F) or Misdemeanor (M) Below**

Offense:	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>
Offense:	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>
Offense:	F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/>

Defendant Currently In: Archer County Jail Clay County Jail Montague County Jail

Interpreter required? Yes No If yes, language required: _____

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 _____ Email: _____
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 Separated

Name of Spouse _____
First MI Last

Name of Dependent Child(ren) (0-18 yrs.) Living with you: _____	Name of Dependent Child(ren) (0-18 yrs.) Living Elsewhere: _____
--	---

RESIDENCE INFORMATION

Rent: yes no Own: yes no Reside with family: yes no Homeless: yes no

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 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 _____

**Please return completed form to:
97th District Court Administrator
Mailing Address: PO Box 167, Montague, TX 76251
Email: admin@97thdistrictcourt.com
Fax: (940) 894-2560**