

## AFFIDAVIT OF INDIGENCE

*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

Email Address: \_\_\_\_\_

Do you have a Social Security Number? Yes  \_\_\_\_\_ No   
 (provide SSN)

I currently receive:  Medicaid  SSI/SSDI  Food Stamps/SNAP  TANF  CCIHP  Public Housing

ARE YOU EMPLOYED?			MARITAL STATUS	
<input type="checkbox"/> No - Length of time unemployed? _____ Weeks/Months/Years			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
<input type="checkbox"/> Yes - Where? _____ Number of Hours per Week: _____ Hourly pay rate: \$ _____ OR Salary: \$ _____ per wk How long have you worked at this job? _____			Name of Spouse: _____ (First Name) (Middle Name) (Last Name)	
<i>If you are unemployed or have not worked at your current job for <u>more than 2 yrs.</u> please complete the employment history.</i>			Spouse's Social Security No. _____	
			Name of Dependent Child(ren) (0-17 yrs.)	Age
List Prior Place Of Employment	Length Of Time	Gross Monthly Income		

### RESIDENCE INFORMATION

Please select one:  Own  Rent  Reside with Family/Friend  Homeless

MONTHLY INCOME		MONTHLY EXPENSES	
My Take Home Pay	\$	Rent Or 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	\$
SSI or SSDI	\$	Transportation Costs (Bus Fare, Public, or Car Payment & Gas)	\$
Unemployment	\$	Cell/Home Phone	\$
Other Income (Alimony, Retirement, VA Disability)	\$	Legal Cost, Taxes, Probation Fees	\$
<b>TOTAL MONTHLY INCOME</b>	\$	Medical Expenses / Health Insurance	\$
		Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$

### ASSETS

Value of Home \_\_\_\_\_, Mortgage \_\_\_\_\_ Value of Car \_\_\_\_\_, Car Loan \_\_\_\_\_  
 Cash in Your Checking, Savings, or Similar Account \_\_\_\_\_ Cash in Spouse's Accounts \_\_\_\_\_

**THE FOLLOWING THREE SECTIONS MUST BE COMPLETED  
(DEFENDANT ONLY)**

**NOTICE OF RIGHT TO BAIL**

As the defendant, you have the right to be bailable by sufficient sureties. Bail is the security given to ensure that the defendant—you—will appear in court to answer the charge or charges. A magistrate will use the information that you include in this form to help set the amount of your bail.

Is there anything else you would like the magistrate to consider in setting the bail amount?

\_\_\_\_\_

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised of my right to bail. I declare, under penalty of perjury, that the maximum amount of security that I am able to post or pay up front within 24 hours of my arrest is \$\_\_\_\_\_.

(day)                      (month)                      (yr)

**UNSWORN DECLARATION BY DEFENDANT**

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)                      (County)

I declare under penalty of perjury that the foregoing is true and correct. Executed in Collin County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(day)                      (month)                      (yr)

**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.

(day)                      (month)                      (yr)

\_\_\_\_\_  
Defendant's Signature                      Date

**PLEASE DO NOT WRITE IN THIS SECTION - FOR STAFF USE ONLY**

**Clerk's Notes**

**Interpreter required?**    Yes    No   |   **If yes, language required:**

**DETERMINATION BASED ON:**

**TWC:**                       **Gross:**                       **Net:**

**Family Size:**                      **FS MC SSI/SSDI TANF CCIHP PH**

**Other:**

**Defendant Currently Meets Eligibility Requirements?**    Yes    No

**FPL:**                      %                      **Date:**                      **Clerk's Initials:**