

# 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 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)<br>(0-18 yrs.) | Age | Name of Dependent Child(ren)<br>(0-18 yrs.) | Age |
|---|-----|---|-----|
|   |     |   |     |
|   |     |   |     |

### RESIDENCE INFORMATION

Rent: yes or no      Own: yes or no      Reside with family: yes or no      Homeless: yes or 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                 | \$        |
| <b>TOTAL MONTHLY INCOME AND ASSETS</b> | <b>\$</b> | Minimum Monthly Credit Card Payment                 | \$        |
|  |           | <b>TOTAL MONTHLY EXPENSES</b>                       | <b>\$</b> |

## 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 \_\_\_\_\_

# ORDER APPOINTING COUNSEL

\_\_\_\_\_ is appointed to represent defendant \_\_\_\_\_  
on the following charge(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Approved: \_\_\_\_\_  
**Appointing Authority**

Date: \_\_\_\_\_

## Attorney's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## Defendant's Location

Bond Amount: \_\_\_\_\_ Bond:  Personal  Cash/Surety  
Bonding Company: \_\_\_\_\_

**On Bond**

Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Jailed**

County \_\_\_\_\_  
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.