

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs. _____	_____ County Court _____ 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: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> 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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<u>MONTHLY INCOME AND ASSETS</u>		<u>MONTHLY EXPENSES</u>	
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 _____

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.