

_____ COUNTY

Cause No.: _____

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

THE STATE OF TEXAS
vs.

_____ 38TH District Court

Offense: _____

Felony Level: _____

Interpreter required? Yes No

If yes, language required: _____

Defendant Currently In:

Correctional Facility ** If yes, provide name of Facility: _____

Mental Health Facility ** If yes, provide name of Institution: _____

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name:

_____ First Name

_____ MI

_____ Last Name

Date of Birth _____ / _____ / _____

e-mail address: _____

Driver's License # _____

Address _____
Street Apt No. City State Zip Code

Phone Numbers: _____
Home Cell Work

_____ Family Member Phone#

_____ Name

_____ Relation

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? _____

If no, length of time unemployed? _____

Marital Status: Single Married Divorced Widowed Separated

Name of Spouse: _____
First MI Last Phone#

Spouse Employed? If yes, where? _____ Type of work _____

Do you have children? Yes No

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

_____ COUNTY

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RESIDENCE INFORMATION			
Rent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Own: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reside with family: <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>MONTHLY INCOME</u>		<u>MONTHLY EXPENSES</u>	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Child Support	\$
Social Security/Disability	\$	Total Food Expenses	\$
Other Government Check	\$	Car Payment / car insurance	\$ / \$
Other Income	\$	Cell/home phone	\$ / \$
ASSETS		Probation fees	\$
Assets (Home)	Value: \$ Owed: \$	Medical Expenses / Health Insurance	\$ / \$
Assets (Auto)	Value: \$ Owed: \$	Fuel (work)	\$
Assets (Auto)	Value: \$ Owed: \$	Minimum Monthly Credit Card Payment/ Loans	\$ / \$
Checking balance	\$	Other	\$
Savings balance	\$		
TOTAL MONTHLY INCOME AND ASSETS		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

- A. The Court finds the Defendant is not indigent.
- B. The Court finds the Defendant is indigent.
- C. The Court finds the Defendant is indigent; however, the Court finds the Defendant has financial resources that enable him/her to in part or in whole the costs of the legal services provided upon disposition of the case.

SIGNED this _____ day of _____, 20_____.

SIGNATURE OF JUDGE
OR DESIGNEE