REAL COUNTY Cause No.:

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

THE STATE OF TEXAS
vs.

_____ 38th District Court

Offense:	Interpreter required? ☐ Yes ☐ No
Felony Level:	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

RESIDENCE INFORMATION

REAL COUNTY Cause No.:

Rent: ☐ Yes ☐ No	**Own: ☐ Yes ☐ No**	**Reside with family: ☐ Yes ☐ No**	**Homeless: ☐ Yes ☐ No**

MONTHLY INCOME		**MONTHLY EXPENSES**	
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 Savings balance	$ $	Other	**$**
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

OFFICE USE ONLY

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

Mail to or Deliver to:
38th District Court – IDC, 100 N Getty, (3rd Floor), Box 17, Uvalde, TX 78801 or
Email to: 38thIndigentDefense@UvaldeCounty.gov