

\_\_\_\_\_ COUNTY

Cause No.: \_\_\_\_\_

# AFFIDAVIT OF INDIGENCE

***THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***

THE STATE OF TEXAS  
vs.

\_\_\_\_\_ District Court

Offense: \_\_\_\_\_ Felony Level: \_\_\_\_\_ Interpreter required?  Yes  No

Offense: \_\_\_\_\_ Felony Level: \_\_\_\_\_ If yes, language required: \_\_\_\_\_

Offense: \_\_\_\_\_ Felony Level: \_\_\_\_\_

Defendant Currently In:  Correctional Facility  Mental Health Facility

***THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT***

Name:

\_\_\_\_\_

First Name

MI

Last Name

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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  No

Own:  Yes  No

Reside with family:  Yes  No

Homeless:  
 Yes  No

### MONTHLY INCOME AND ASSETS

### MONTHLY EXPENSES

My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$

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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>	\$	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</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

- 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 \_\_\_\_\_, 2023.

\_\_\_\_\_  
SIGNATURE OF JUDGE  
OR DESIGNEE