AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel			
No			
The State of Texas	In the	Court	
vs.			
		County	
Offense	Level of Offense		

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

Defendant's Personal Information		
Name		
Phone Number		
Street Address		
City, State, Zip		
Social Security #		
Driver's License #		
Date of Birth		
Name of Spouse		

Dependents:		1	
Dependents: Name(s) (list below):	Age	Relation	Income

Are you cu	rrently in jail or in a correctional institution?
No	
Yes	If yes, provide name of institution:

Are you currently residing in a mental health facility?

- ____ No
 - Yes If yes, provide name of facility:

Do you have an application pending at a mental health facility?

____ No

Yes If yes, provide name of facility

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Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	per week orper month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	per week orper month
Pay rate	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance
Are you currently receiving (check all that apply)

- ____ Food Stamps
- ____ Medicaid
- ____ Public housing
- _____ Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car,	
Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance:	
\$	
Balance:	
\$	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS	
MONTHLY INCOME	

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Assets			
	A	Asset	Value
A. Place of I Describe if	Residence H house, condominium, a	Rent Own apartment, other:	\$
B. Real Prop	erty Owned; Descri	ption/Location:	\$
C. Automob Make	ile(s) Model	Year	\$
Make	Model	Year	\$
Make	Model	Year	\$
D. Stock and	l Bonds (provide des	cription)	\$
			\$
			\$
E. Other Pro	perty (list all jewelry	, equipment, watercrafts, etc.)	\$
			\$
			\$
F. Bank Acc	ounts		
Bank Name		Type of Account	Balance
			\$
			\$
			\$
			\$
G. Other As	sets (Identify)		VALUE \$
			Ψ
ASSETS TO	TAL VALUE		\$

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

On this ______ day of ______, 20 ____, I have been advised by the <u>(name of the court)</u> Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

Defendant's Signature	
SUBSCRIBED and SWORN to before me, the undersigned authority, this day of	, 20

Clerk's Signature

This court finds the defendant is / is not indigent.

Signature of Judge

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20____

Clerk's Signature

MY EMPLOYMENT INFORMATION:	
JOB TITLE:	
EMPLOYER'S NAME:	
Employer's Address:	
SUPERVISOR'S NAME:	
WORK PHONE:	
HOURS OF WORK:	
PAY RATE:	
MY FINANCIAL INFORMATION:	
NAME OF FINANCIAL INSTITUTION:	
ACCOUNT NUMBER:	
BALANCE:	
SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION	

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