

AFFIDAVIT OF INDIGENCE

Case # _____

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 Spouses Income: \$ _____ per hour.

Name of Spouse _____ Spouse's Hours Worked per week: _____

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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MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My Monthly Salary	\$	Rent/Mortgage	\$
Spouse's Monthly Salary	\$	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 (Attorney Appointment/Bail Affidavit)

On this _____ day of _____, 20____, I have been advised by Howard Court of my right to representation by counsel and the importance of providing true and complete information about my financial situation in connection with the charge pending against me. I am without means to pay and hereby request that an appropriate bail be set.in connection with the charge pending against me. I also 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

SECTION BELOW TO BE COMPLETED.

Special Circumstances or Hardships the Judge should Consider,

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 Howard County, State of Texas, on the _____ day of _____.
(Month) (Year)

SWORN AND MAGISTRATED BY: _____

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____

Judge _____

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.