

Name : _____ COUNTY Cause No. _____

AFFIDAVIT OF INDIGENCE

ATASCOSA | FRIO | KARNES | LASALLE | WILSON

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>	
The State of Texas vs. _____	_____ County Court _____ District Court
Offense: <input type="checkbox"/> Fel <input type="checkbox"/> Misd	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: <input type="checkbox"/> Fel <input type="checkbox"/> Misd	If yes, language required:
Offense: <input type="checkbox"/> Fel <input type="checkbox"/> Misd	
Defendant Currently In: <input type="checkbox"/> Correctional Facility _____ <input type="checkbox"/> Mental Health Facility	

<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>						
Name _____	Date of Birth ____/____/____					
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First Name</td> <td style="width: 10%; border: none;">MI</td> <td style="width: 60%; border: none;">Last Name</td> </tr> </table>	First Name	MI	Last Name			
First Name	MI	Last Name				
Address _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Street</td> <td style="width: 15%; border: none;">Apt No.</td> <td style="width: 20%; border: none;">City</td> <td style="width: 15%; border: none;">State</td> <td style="width: 20%; border: none;">Zip Code</td> </tr> </table>	Street	Apt No.	City	State	Zip Code	
Street	Apt No.	City	State	Zip Code		
Phone Numbers _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">Home</td> <td style="width: 25%; border: none;">Cell</td> <td style="width: 25%; border: none;">Work</td> <td style="width: 25%; border: none;">Family Member</td> </tr> </table>	Home	Cell	Work	Family Member		
Home	Cell	Work	Family Member			
I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing						
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Type of Work _____						
Number of Hours per Week: _____ How long have you worked at this job? _____						
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated						
Name of Spouse _____ SSN DL : _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First</td> <td style="width: 10%; border: none;">MI</td> <td style="width: 60%; border: none;">Last</td> </tr> </table>	First	MI	Last			
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

MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	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	\$

Name : _____ COUNTY Cause No. _____

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. I declare under penalty of perjury that the foregoing is true and correct.

Defendant's Signature

Date

**ONLY ONE SECTION BELOW TO BE COMPLETED
(CHECK ONE)**

Administered Oath (Clerk/Notary ONLY)

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

Clerk/Notary Public Signature Date

Unsworn Declaration by Defendant (Defendant ONLY)

Defendant Currently Meets Eligibility Requirements?

YES

NO

ORDER APPOINTING COUNSEL

_____ is appointed to represent the defendant.

Approved: _____

Appointing Authority

Date: _____

ATTORNEY'S INFORMATION

Name: _____ Address: _____

Telephone Number: _____

I ELECT TO RECEIVE THE FLAT FEE _____. I WILL SUBMIT AN ITEMIZED VOUCHER _____. (Check ONE)

Attorney

Date: _____

ORDER ALLOWING ATTORNEY FEE

The above-named attorney is hereby allowed the following fee, to be paid out of the General Fund of the County.

Amount : _____ Judge Presiding : _____ Date : _____