

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 ____/____/____	
First Name	MI	Last Name	
*Social Security Number: _____		*Drivers License Number : _____	
Address _____			
Street	Apt No.	City	State Zip Code
*Phone Numbers (Hm/Wk/Cell) _____		*Email: _____	
Name of Spouse _____		Phone Number: _____	
First	Last		
*I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI/DI <input type="checkbox"/> SNAP/TANF <input type="checkbox"/> VA Benefits <input type="checkbox"/> Public Housing			
*Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No- How long? _____ 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 Dependent Child(ren) (0-18 yrs.)		Age	Name of Dependent Child(ren) (0-18 yrs.)
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	\$

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**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 : \_\_\_\_\_