

COUNTY

Cause No.

### AFFIDAVIT OF INDIGENCE

*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:  Correctional Facility  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

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 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 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	\$
<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 certify that this document is true and correct and I hereby request the court to alter my fees and fine amounts for me.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

**ONLY ONE SECTION BELOW TO BE COMPLETED.**

### 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)

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 \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month) (Year)

### Defendant Currently Meets Eligibility Requirements?

YES

NO

Date \_\_\_\_\_