

Cause No. _____

AFFIDAVIT OF INDIGENCE/REQUEST FOR COUNSEL/NOTICE OF INTENT TO HIRE COUNSEL

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas
vs.

_____ DISTRICT COURT _____ COUNTY COURT
_____ JUSTICE/MUNICIPAL COURT

Offense: F1/F2/F3:MA/MB/MC	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: F1/F2/F3:MA/MB/MC	If yes, language required:
Offense: F1/F2/F3:MA/MB/MC	Magistrate's Cause and Court:

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

Email: _____ On Bond? Yes/No Amount? _____

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 Name MI Last Name

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	\$

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 understand that I may be ordered to pay all or part of the attorney's fees, and that this appointment of counsel can be reconsidered if there is a material change in my financial circumstances. I further understand that I may be ordered to repay Matagorda County all or part of the cost of counsel if I am convicted of the charge as a cost of court or as a term of probation.

CHECK THE APPROPRIATE BOX BELOW

- I hereby swear or affirm, upon penalty of perjury, that the information provided above in this affidavit is complete, and is true and correct. That I am **WITHOUT MEANS TO HIRE AN ATTORNEY** of my own choosing and **HEREBY REQUEST THE COURT TO APPOINT AN ATTORNEY** to represent me in this action(s).

- I hereby swear or affirm, upon penalty of perjury, that the information provided above in this affidavit is complete, and is true and correct. That I **HAVE MEANS TO HIRE AN ATTORNEY** of my own choosing and **I DO NOT WISH TO HAVE THE COURT APPOINT AN ATTORNEY** to represent me in this action(s). **I INTEND TO HIRE AN ATTORNEY.**

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 _____, 20_____.

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____