

_____ 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? Yes 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

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	\$

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TOTAL MONTHLY EXPENSES

\$

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.

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 _____

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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

Jailed

Address: _____

County _____

City, State, Zip: _____

Telephone Number: _____

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.