

NAVARRO COUNTY APPLICATION FOR COURT APPOINTMENT OF ATTORNEY (Affidavit of Indigence)

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Cause No. _____ Charges _____ Adult Juvenile
 Date of Birth _____
 Name _____
 First Name MI Last Name
 Address _____
 Street Apt No. City State Zip Code
 Phone Numbers _____ E-mail _____
 Primary Alternate
 I receive: Medicaid SSI/DISABILITY SNAP TANF Public Housing
 Are you Employed? Yes No If yes, where? _____ FT /PT /Self /Seasonal/ Temp/ Intern
 Number of Hours per Week: _____ How long have you worked at this job? _____
 Name of Spouse/Intimate Partner _____
 First MI Last

Number of Dependent Child(ren) (0-18 yrs.)		Ages of Dependent Child(ren)
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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 (net)	\$	Rent/Mortgage	\$
Spouse's take home pay (net)	\$	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/Internet/TV	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
Is anyone else charged with the same offense as you: yes or no If yes, provide name(s)		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. I declare under penalty of perjury that the foregoing is true and correct.

 Defendant's Signature Date Meets eligibility requirements: Yes No

 Indigent Defense Coordinator/Notary Public/Judge Signature Date