

HAMILTON

COUNTY

Cause No. _____

AFFIDAVIT OF INDIGENCE**THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY**

The State of Texas _____ County Court
 vs. _____ 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 |
|-----------------|----------------|-------------------------------|---------------------|

MONTHLY INCOME AND ASSETS

| | | | |
|--|-----------|---|-----------|
| 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 | | | \$ |

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 _____