

AFFIDAVIT OF INDIGENCE

N/A and 0 are not answers (if no income – explain if no expenses – explain)

Defendant Currently In: Correctional Facility Mental Health Facility In Jail

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

Soc. Sec.# _____ Phone Numbers _____
 Home Cell Family Member

I receive: Medicaid SSI SNAP TANF

Are you Employed? Yes No If yes, where? _____ Type of Work _____

Number of Hours per Week: _____ How long have you worked at this job? _____ If unemployed: Are you eligible to return to work? Yes No

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
COMMENTS:			

<u>MONTHLY INCOME AND ASSETS</u>		<u>MONTHLY EXPENSES</u>	
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 (car payment, gas, insurance)	\$
Other Government Check	\$	Cell/home phone	\$
Money in Bank?	\$	Probation fees	\$
Do you own a car? Make and Model?	Owe on car \$ Value of car \$	Medical Expenses / Health Insurance	\$
Do you own a house?	Owe on house: \$ Value of house: \$	Minimum Monthly Credit Card Payment	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	TOTAL MONTHLY EXPENSES	\$

I have/have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

Incomplete, all zeros or N/A will result in your application being denied.

Intentionally or knowingly giving false information may result in prosecution for the offense of Aggravated Perjury, a felony. The punishment for Aggravated Perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

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)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Van Zandt County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)