AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

No. _____

The State of Texas — In the _____ Court

vs.

_____ — _____County

Offense _____ — Level of Offense _____

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your 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). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

Defendant's Personal Information	
Name	
Phone Number	
Street Address	
City, State, Zip	
Social Security #	
Driver's License #	
Date of Birth	
Name of Spouse	

Dependents:			
Name(s) (list below):	Age	Relation	Income

Are you currently in jail or in a correctional institution?
___ No
___ Yes If yes, provide name of institution:

Are you currently residing in a mental health facility?
___ No
___ Yes If yes, provide name of facility:

Do you have an application pending at a mental health facility?
___ No
___ Yes If yes, provide name of facility

Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	___ per week or ___ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	___ per week or ___ per month
Pay rate	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance Are you currently receiving (check all that apply)
___ Food Stamps ___ Medicaid ___ Public housing ___ Temporary Assistance to Needy Families (TANF) ___ Supplemental Security Income (SSI)

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance: $_____	
Balance: $_____	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	

Assets

Asset	Value
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other:	$
B. Real Property Owned; Description/Location:	$
C. Automobile(s) Make Model Year	$
Make Model Year	$
Make Model Year	$
D. Stock and Bonds (provide description)	$
	$
	$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)	$
	$
	$

F. Bank Accounts

Bank Name	Type of Account	Balance
		$
		$
		$
		$

G. Other Assets (Identify)	**VALUE** $
ASSETS TOTAL VALUE	**$**

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

_____ _____
_____ _____
_____ _____

On this _____ day of _____, 20 ___, I have been advised by the (name of the court) Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true.

_____
Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20___

_____
Clerk's Signature

This court finds the defendant **is / is not** indigent.

_____
Signature of Judge

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

_____
Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ___ day of _____, 20___

_____
Clerk's Signature

MY EMPLOYMENT INFORMATION:

JOB TITLE: _____
EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____
WORK PHONE: _____
HOURS OF WORK: _____
PAY RATE: _____

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____
ACCOUNT NUMBER: _____
BALANCE: _____

_____
SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION