

AFFIDAVIT OF INDIGENCE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>			
THE STATE OF TEXAS vs.		COUNTY COURT AT LAW ____	
Offense:	Felony/Misd:	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offense:	Felony/Misd:	If yes, language required:	
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility			
<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>			
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: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing <input type="checkbox"/> VA Disability <input type="checkbox"/> Other Public Assistance			
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ Type of Work _____			
No. of Hours per Week: _____ How long have you worked at this job? _____ Date of last paycheck: _____			
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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

<u>MONTHLY INCOME AND ASSETS</u>	
My take home pay	\$
Spouse's take home pay	\$
Child Support (Received)	\$
SNAP (Food Stamps)	\$
Social Security/Disability	\$
Other Government Check	\$
Other Income	\$
TOTAL MONTHLY INCOME:	\$
List Assets (car, house, etc.)	
	\$
	\$
	\$
	\$
TOTAL ASSETS:	\$

<u>MONTHLY EXPENSES</u>	
Rent/Mortgage	\$
Utilities (Elec., Gas, Water)	\$
Total Child Expenses (Including Child Support Paid)	\$
Total Food Expenses	\$
Transportation Costs	\$
Cell/home phone	\$
Probation fees	\$
Medical Expenses / Health Insurance	\$
Minimum Monthly Credit Card Payment	\$
TOTAL MONTHLY EXPENSES	\$

DOCUMENTATION NEEDED:

- 1. LAST YEARS INCOME TAX RETURN**
- 2. PAYCHECK STUB**
- 3. UTILITY BILL IN YOUR NAME**
- 4. PROOF OF PUBLIC ASSISTANCE IN YOUR NAME (FOOD STAMPS, CCS, AFDC, TANF, Public Housing, WIC, VA)**
- 5. PROOF OF RECEIPT OF S.S.I. BENEFITS IN YOUR NAME**
- 6. LETTER OF SUPPORT, IF APPLICABLE**

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 Tom Green County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)

Defendant Currently Meets Eligibility Requirements of Federal Poverty Level 125%?

YES

NO

Date _____

**PLEASE TAKE COMPLETED APPLICATION TO THE COMPLIANCE OFFICE LOCATED AT
3036 N. BRYANT, PHONE 325-659-6469**