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Cause No.

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

This portion to be completed by Office Personnel only												
The State of T vs.	'exas											
Offense:			Interpreter required? Yes No									
Offense:			If yes, language required:									
Offense:												
Defendant Currently In: Correctional Facility Mental Health Facility Neither												
THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT												
Name First Name MI			Tame									
AddressStreet	Apt No.		City	State	Zip Code							
Phone Numbers Home	C	ell	Work	Family Member								
I receive:		SNAP	□ TANF	□ Public H								
Are you Employed? ☐ Yes ☐ No	If yes, where?		Type of Work									
Number of Hours per Week:	Hov	w long h	nave you worked at this job	?								
Marital Status:	☐ Married ☐ I	Divorce	d □ Widowed □ S	Separated								
Name of SpouseFirst												
Name of Dependent Child(ren) (0-18 yrs.)			Name of Dependent Child(ren) (0-18 yrs.)			Age						
(,	- 7								
	RESIDE	NCE IN	NFORMATION									
Rent: yes or no	Own: yes or no		Reside with family: yes or no Homeless: yes or			no						
MONTHLY INCOME AND ASSETS			MON'	ES								
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		\$							
	Ψ				*							
Other Income	\$		Probation fees		\$							
Other Income Assets (car, house, etc.)				h Insurance								
	\$		Probation fees		\$							

ONLY ONE SECTION BELOW TO BE COMPLETED.	
Administered Oath (Clerk/Notary ONLY)	
SUBSCRIBED and SWORN to before me, the undersigned authority, this d	ay of
Clerk/Notary Public Signature Date	
Unsworn Declaration by Defendant	
(Defendant ONLY)	
My name is, my date of birth is	·
My address is,,,,,,,,,	y)
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 Requirem	ents?
□ YES □ NO	