

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 <u> </u> Rent <u> </u> 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 | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Bank Name</th> <th style="width:35%;">Type of Account</th> <th style="width:30%;">Balance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align:center;">\$</td> </tr> </tbody> </table> | Bank Name | Type of Account | Balance | | | \$ | | | \$ | | | \$ | | | \$ | |
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| | | \$ | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | |
| 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.
I hereby enter a plea of _____ guilty _____ no contest and waive my right to a jury trial.

Defendant's Signature

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

Notary Public/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