

# 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: \_\_\_\_\_

<b>Employer Information</b>	
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	

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

**Defendant's Financial Information**

<b>Public Assistance</b>
Are you currently receiving (check all that apply)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public housing
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)

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)	
<b>TOTAL GROSS MONTHLY INCOME</b>	

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)	
<b>TOTAL MONTHLY EXPENSES</b>	

Assets		Value
<b>A. Place of Residence</b> ___ Rent    ___ Own Describe if house, condominium, apartment, other:		\$
<b>B. Real Property Owned; Description/Location:</b>		\$
<b>C. Automobile(s)</b>		\$
Make	Model	Year
Make	Model	Year
Make	Model	Year
<b>D. Stock and Bonds (provide description)</b>		\$
		\$
		\$
<b>E. Other Property (list all jewelry, equipment, watercrafts, etc.)</b>		\$
		\$
		\$
<b>F. Bank Accounts</b>		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
<b>G. Other Assets (Identify)</b>		<b>VALUE</b>
		\$
<b>ASSETS TOTAL VALUE</b>		<b>\$</b>

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