

### AFFIDAVIT OF INDIGENCE

***THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***

The State of Texas  
vs.

County Court Criminal Court No. 5

Offense: \_\_\_\_\_

Interpreter required?  Yes  No

If yes, language required: \_\_\_\_\_

***THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT***

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:  Medicaid       SSI       SNAP       TANF       Public Housing

Are you Employed?  Yes  No      If yes, where? \_\_\_\_\_      Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_      How long have you worked at this job? \_\_\_\_\_

Marital Status:       Single       Married       Divorced       Widowed       Separated

Name of Spouse \_\_\_\_\_  
First                      MI                      Last

Persons residing in household	Age	Persons residing in household	Age

**RESIDENCE INFORMATION**

Rent:    yes or    no      Own:    yes or    no      Reside with family:    yes or    no      Homeless:    yes or    no

**MONTHLY INCOME AND ASSETS**

**MONTHLY EXPENSES**

My gross income	\$	Rent/Mortgage	\$
Spouse's gross income	\$	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	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>\$</b>	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**Defendant's Oath**

On \_\_\_\_\_, I certify the above financial affidavit to be correct and further certify that I have been advised of my rights to representation by counsel for the charge(s) listed above pending against me and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify that the interests of justice require court-appointed representation for me before this Court.

I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00).

\_\_\_\_\_  
Defendant's Signature                      Date

**Administered Oath (Judge ONLY)**

SUBSCRIBED and SWORN to before me, the undersigned authority, on \_\_\_\_\_.

\_\_\_\_\_  
**Judge Presiding**

**Defendant Meets Eligibility Requirements     YES     NO**