

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas
vs.

County Court Criminal Court No. 2

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	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

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