

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

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Adopted 11/15/06 - Task Force on Indigent Defense

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			\$			\$			\$			\$	
Bank Name	Type of Account	Balance														
		\$														
		\$														
		\$														
		\$														
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.

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