

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>			
The State of Texas vs. _____			
Offense: _____		Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Offense: _____		If yes, language required: _____	
Offense: _____		_____	
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Neither			
<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>			
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: <input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF <input type="checkbox"/> Public Housing
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where? _____ Type of Work _____	
Number of Hours per Week: _____		How long have you worked at this job? _____	
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Name of Spouse _____		_____	
First	MI	Last	
Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	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 take home pay	\$ _____	Rent/Mortgage	\$ _____
Spouse's take home pay	\$ _____	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	\$ _____

ONLY ONE SECTION BELOW TO BE COMPLETED.

Administered Oath

(Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this _____ day of _____, 20____.

Clerk/Notary Public Signature Date

Unsworn Declaration by Defendant

(Defendant ONLY)

My name is _____, my date of birth is _____.
(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)

COURT COMPLETES THIS SECTION:

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____