

# 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	
If unemployed, list:	
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)	<b>Income (Monthly)</b> 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>Monthly Amount</b>																																																										
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**Assets**

Asset	Value															
<b>A. Place of Residence</b> ___ Rent    ___ Own Describe if house, condominium, apartment, other:	\$															
<b>B. Real Property Owned;</b> Description/Location:	\$															
<b>C. Automobile(s)</b> Make                      Model                      Year	\$															
Make                      Model                      Year	\$															
Make                      Model                      Year	\$															
<b>D. Stock and Bonds</b> (provide description)	\$															
	\$															
	\$															
<b>E. Other Property</b> (list all jewelry, equipment, watercrafts, etc.)	\$															
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<b>F. Bank Accounts</b>																
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<b>G. Other Assets</b> (Identify)	<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, \_\_\_\_\_ (name) authorize \_\_\_\_\_ (name of employer/institution) to release my employment or financial information to a court official.

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

By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Clerk's Signature