

COUNTY

Cause No.

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs.

Offense: Interpreter required? Offense: If yes, language required: Offense:

Defendant Currently In: Correctional Facility Mental Health Facility Neither

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name First Name MI Last Name Date of Birth

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

Table with 4 columns: 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

Table with 2 main columns: MONTHLY INCOME AND ASSETS, MONTHLY EXPENSES. Includes rows for My take home pay, Spouse's take home pay, Child Support, SNAP, Social Security, Other Government Check, Other Income, Assets, TOTAL MONTHLY INCOME AND ASSETS, Rent/Mortgage, Utilities, Total Child Expenses, Total Food Expenses, Transportation Costs, Cell/home phone, Probation fees, Medical Expenses, Minimum Monthly Credit Card Payment, TOTAL MONTHLY EXPENSES.

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**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)

### Defendant Currently Meets Eligibility Requirements?

YES

NO

Date \_\_\_\_\_