(Affidavit of Indigence/Attorney Appointment/ Bail Affidavit)

AFFIDAVIT OF INDIGENCE

Case #_____

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY	
The State of Texas vs. _____	_____ County Court _____ District Court
Offense: Felony/Misd:	Interpreter required? ☐ Yes ☐ No
Offense: Felony/Misd:	If yes, language required:
Offense: Felony/Misd:	
Defendant Currently In: ☐ Correctional Facility ☐ Mental Health Facility	

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

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	$

Defendant's Oath (Attorney Appointment/Bail Affidavit)

On this _____ day of _____, 20_____, I have been advised by _____Court of my right to representation by counsel and the importance of providing true and complete information about my financial situation in connection with the charge pending against me. I am without means to pay _____and hereby request that an appropriate bail be set.in connection with the charge pending against me. I also certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

_____ _____

Defendant's Signature Date

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 _____