

\_\_\_\_\_ COUNTY

Cause No. \_\_\_\_\_

## AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

<b><i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i></b>			
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			
<b><i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i></b>			
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
<b>RESIDENCE INFORMATION</b>			
Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
<b>MONTHLY INCOME AND ASSETS</b>		<b>MONTHLY EXPENSES</b>	
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	\$

\_\_\_\_\_ COUNTY

Cause No. \_\_\_\_\_

**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 \_\_\_\_\_