

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? 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. Rows include My take home pay, Spouse's take home pay, Child Support, SNAP, Social Security/Disability, 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.

_____ 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 _____