

## AFFIDAVIT OF INDIGENCE

*This section to be filled out by Court Personnel*

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

The State of Texas

In the 13<sup>th</sup> District Court \_\_\_\_\_

In the County Court at Law \_\_\_\_\_

vs.

of

\_\_\_\_\_

Navarro County, Texas

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:

Have you ever had a court appointed attorney in Navarro County?

No  Yes    If yes, What is his/her name?

No  Yes    Would you prefer to have the same attorney?

Is anyone presently charged with committing the same offense with which you are charged?

No  Yes    If yes, provide name(s)

Employer Information	
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**

Public Assistance
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)

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
<b>Loan and Debt Payments</b>	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance:	
\$ _____	
Balance:	
\$ _____	
Other Monthly Expenditures (Describe)	
<b>TOTAL MONTHLY EXPENSES</b>	

Income (Monthly)	Monthly Amount
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>TOTAL GROSS MONTHLY INCOME</b>	

<b>Assets</b>		
<b>Asset</b>	<b>Value</b>	
<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.)	\$	
	\$	
	\$	
<b>F. Bank Accounts</b>		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
<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