AFFIDAVIT OF INDIGENCE

In theCounty County ffenseLevel of Offense		No			
	ne State of Texas		In the	Co	ourt
I information must be completed by the defendant and must be current, accurate, and it tentionally or knowingly giving false information may result in your prosecution for the off aggravated perjury, a felony. The punishment for aggravated perjury includes imprison to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill is anks. If you do not know the information being asked, enter DO NOT KNOW in the blank information being asked does not apply to you, enter N/A in the blank.					
Il information must be completed by the defendant and must be current, accurate, and it tentionally or knowingly giving false information may result in your prosecution for the off aggravated perjury, a felony. The punishment for aggravated perjury includes imprison it to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill is anks. If you do not know the information being asked, enter DO NOT KNOW in the blank information being asked does not apply to you, enter N/A in the blank.	<u> </u>			Co	unty
tentionally or knowingly giving false information may result in your prosecution for the off aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill is anks. If you do not know the information being asked, enter DO NOT KNOW in the blank e information being asked does not apply to you, enter N/A in the blank.	ffense		Level of Offens	e	
No Yes If yes, provide name of institution:	anks. If you do not kn	low the informa	tion being asked, e oly to you, enter N/A	nter DO NOT k in the blank.	NOW in the blank
No Yes If yes, provide name of institution:	1 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	. "			
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:	in the second se				
No Yes If yes, provide name of institution:	District Addition of the DAM				
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:			No. of the second		
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:					
No Yes If yes, provide name of institution:					
Yes If yes, provide name of institution:					
	No	il ovide name of in	stitution:		

Yes If yes, provide name of facility
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No

Employee	
Employer Phone Number	
Supervisor's Name Street Address:	The state of the s
City, State, Zip Hours worked per week or per month	A CONTROL OF THE CONT
	1
Pay rate	
Spouse's Employer	
Street Address:	The state of the s
City, State Zip	
Hours worked per week or per month	1
Pay rate	
THE ONLY WELL THE SECTION OF THE SEC	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	
The state of the s	
Food Stamps	Take Home Pay
Medicaid	Spouse's Take Home Pay
Public housing	Investment Income
Temporary Assistance to Needy Families (TANF)	Stock Dividend
Supplemental Security Income (SSI)	Bond Dividend
	Rental Income
	Pension Payments
Rent or Mortgage Payment	Unemployment
Car Payment	Social Security Benefits
Insurance (Life, Health, Car,	Child Support
Homeowners, etc.)	Public Assistance
Child Care	TANF
Child Support	SSI
Water	Medicaid
Gas	Other
Telephone	Cash Gifts
Electricity Food	Other (Describe)
Clothes	Other (Describe)
Medical	TOTAL GROSS
Cable TV or Satellite TV	MONTHLY INCOME
Pager	MONTHET INCOME
Cell Phone	Model version 3, p. 2 of 4
Local and Dec. Payments	Adopted 11/15/06 - Task Force on Indigent Defense
Outstanding Loans (list type of Loans)	
Credit Cord Dobt (list f 1)	
Credit Card Debt (list name of cards) Balance:	
Balance:	
Balance:	
\$	
Other Monthly Expenditures (Describe)	

TOTAL MONTHLY EXPENSES

		Asset	Value	
A. Place of Re Describe if ho	esidence ouse, condominium,	Rent Own apartment, other:	\$	
B. Real Proper	rty Owned: Descr	iption/Location:	\$	
C. Automobile	e(s)	··		
Make	Model	Year	\$	
Make	Model	Year		
			\$	
Make	Model	Year		
T 0: 1 17			\$	
D. Stock and I	Bonds (provide des	ecription)	\$	
			\$	
			\$	
E. Other Propo	erty (list all jewelry	, equipment, watercrafts, etc.)	\$	
	,		\$	
	· · · · · · · · · · · · · · · · · · ·		\$	
F. Bank Accou	unts			<u></u>
Bank Name		Type of Account	Balance	
			\$	
			\$	
			\$	
			\$	
G. Other Asse	ets (Identify)		VALUE	
			\$	
ASSETS TOT	'AL VALUE		<u> </u>	

This court finds the defendant	is / is not	indigent.	
		Signature of Judge	

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VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

	Applicant's Signature	
SUBSCRIBED and SWOR	RN to before me, the undersigned authority, this day of	
	Clerk's Signature	
My my my over an image is		
MY EMPLOYMENT INFORMA	ATION:	
JOB TITLE:		
EMPLOYER'S NAME:		
EMPLOYER'S ADDRESS:		
SUPERVISOR'S NAME:		
Work Phone:		
Hours of Work:		
PAY RATE:		
MY FINANCIAL INFORMATIO	ON:	
Name of Financial Instit	rution:	
ACCOUNT NUMBER:		
BALANCE:		
_		
SIGNATURE OF	EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION	
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