

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</i>			
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			
<i>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</i>			
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
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	\$

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)

Ensure you submit all documentation with this form, providing sufficient evidence of expenses stated. If sufficient evidence is not provided, an in-person hearing may be required.

COURT USE ONLY BELOW THIS LINE**Defendant Currently Meets Eligibility Requirements?** ☐ YES ☐ NO**In-Person Hearing Required?** ☐ YES ☐ NO