

**AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE****THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY**

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:  Correctional Facility  Mental Health Facility  Neither**THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT**

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:  Medicaid  SSI  SNAP  TANF  Public Housing

Are you Employed?  Yes  No 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 \_\_\_\_\_

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
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**MONTHLY INCOME AND ASSETS**

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	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>\$</b>	<b>Minimum Monthly Credit Card Payment</b>	<b>\$</b>
		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**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**