

AFFIDAVIT OF INDIGENCY

THE STATE OF TEXAS
VS

IN THE TOM GREEN COUNTY COURT AT LAW _____

OFFENSE _____

All information must be completed by the defendant and must be current, accurate, and true. 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.

Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury include imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000).

DEFENDANT'S PERSONAL INFORMATION

| | |
|----------------------------|---|
| Name | |
| Phone Number | |
| Street Address | |
| City, State, Zip | |
| Social Security # | |
| Drivers License # | |
| Date of Birth | |
| Marital Status | Married Single Divorced Widowed Separated |
| Name of Spouse | |
| Spouse's Social Security # | |

| DEPENDANT'S NAME(S) | AGE | RELATIONSHIP |
|---------------------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

ARE YOU CURRENTLY IN A CORRECTIONAL FACILITY?

_____ NO

_____ YES NAME OF FACILITY _____

HOW LONG HAVE YOU BEEN IN CUSTODY? _____

Are you or your legal dependants currently receiving any of the following?

_____ FOOD STAMPS

_____ MEDICAID

_____ PUBLIC HOUSING

_____ TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)

_____ SUPPLEMENTAL SECURITY INCOME (SSI)

_____ SOCIAL SECURITY DISABILITY INSURANCE (SSDI)

_____ TOM GREEN COUNTY INDIGENT HEALTH PROGRAM

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

| |
|--|
| |
|--|

| MONTHLY EXPENSES | MONTHLY PAYMENT |
|---|------------------------|
| Rent or Mortgage Payment | |
| Car Payment | |
| Insurance (Life, Health, Car, Homeowners, etc.) | |
| Child Care | |
| Child Support | |
| Water | |
| Gas | |
| Telephone | |
| Electricity | |
| Food | |
| Clothing | |
| Medical | |
| Cable or Satellite TV | |
| Cell Phone | |

| MONTHLY INCOME | AMOUNT |
|-----------------------------------|---------------|
| Take Home Pay | |
| Spouse's Take Home Pay | |
| Unemployment | |
| Social Security Benefits | |
| Alimony (received) | |
| Rental Income | |
| Pension, Annuities, IRA | |
| Interest Income | |
| Investment Income | |
| Child Support (received) | |
| Other | |
| TOTAL GROSS MONTHLY INCOME | |

| LOAN AND DEBT PAYMENTS | |
|---|-----------|
| Outstanding Loans (List Types Of Loans) | |
| 1. | \$ |
| 2. | \$ |
| Credit Card Debt (List Name of Cards) | |
| 1. | \$ |
| 2. | \$ |
| 3. | \$ |
| TOTAL MONTHLY | \$ |

| |
|---------------|
| ASSETS |
|---------------|

| ASSETS (paid, paying on loan to purchase, or leased) | VALUE | |
|---|------------------------|----------------|
| A. Place of Residence _____ Rent _____ Own _____ _____ House _____ Condominium _____ Apartment _____ Other _____ | \$ | |
| B. Real Property Owned (land, buildings, etc.) Description/Location: | \$ | |
| C. Automobiles Make: _____ Model: _____ Year: _____ | \$ | |
| Make: _____ Model: _____ Year: _____ | \$ | |
| D. Stocks and Bonds (provide description) | | |
| 1. | \$ | |
| 2. | \$ | |
| E. Other Property (large equipment, watercrafts, etc.) | | |
| 1. | \$ | |
| 2. | \$ | |
| BANK ACCOUNTS | | |
| BANK NAME | TYPE OF ACCOUNT | BALANCE |
| | | \$ |
| | | \$ |
| F. Other Assets (identify) | | \$ |
| ASSETS TOTAL VALUE | | \$ |

| |
|--|
| Other financial considerations I want the court to know: |
|--|

By signing my name below, I swear, that all of the above information about my financial condition is **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).

By signing below, I understand that a court official will verify any of the information for accuracy as required to determine my eligibility. I have also been advised by the court of my right to representation 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. **I further understand that the cost of any attorney appointed will likely be added to my court costs and I will be responsible for paying all ordered court costs.**

I hereby authorize the release of any financial information to any representative of Tom Green County from any person, group or company named in this affidavit.

Defendant's Signature

Witnessed to before me, the undersigned authority, this _____ day of _____,
20____

Clerk's Signature

| Staff Use Only | | | | | |
|-------------------------|--------|----------------|-----|----|-------|
| | AMOUNT | CRITERIA | YES | NO | NOTES |
| Automatic qualification | N/A | | | | |
| Total Income | \$ | <or = 125% FPL | | | |
| Assets | \$ | <or = \$2500 | | | |
| Staff Use Only | | | | | |
| COMMENTS | | | | | |

The Court, or the Court's designee, finds that:

1. _____ the defendant is indigent according to the indigency guidelines promulgated by the courts of Tom Green County, or

Attorney Appointed _____

2. _____ the ends of justice are best served by appointing the defendant an attorney without a finding of indigence, or

Attorney Appointed _____

3. _____ the court, or the court designee finds that the defendant is not indigent.

Signed

Date