

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).

<b>DEFENDANT'S PERSONAL INFORMATION</b>
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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**

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<b>MONTHLY EXPENSES</b>	<b>MONTHLY PAYMENT</b>
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	

<b>MONTHLY INCOME</b>	<b>AMOUNT</b>
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	
<b>TOTAL GROSS MONTHLY INCOME</b>	

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

<b>ASSETS</b>
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<b>ASSETS (paid, paying on loan to purchase, or leased)</b>	<b>VALUE</b>	
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.	\$	
<b>BANK ACCOUNTS</b>		
<b>BANK NAME</b>	<b>TYPE OF ACCOUNT</b>	<b>BALANCE</b>
		\$
		\$
F. Other Assets (identify)		\$
<b>ASSETS TOTAL VALUE</b>		<b>\$</b>

Other financial considerations I want the court to know:
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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.**

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**Defendant's Signature**

Witnessed to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

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**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