

CAUSE NO. _____

THE STATE OF TEXAS
VS.

§ ☐ CCAL 1 ☐ CCAL 2
 § ☐ 196TH ☐ 354TH
 § OF HUNT COUNTY, TEXAS

AFFIDAVIT OF INDIGENCE (APPLICATION FOR COURT APPOINTED ATTORNEY)

Name:		Email Address:	
Home Address: (Homeless <input type="checkbox"/>)		Date of Birth:	DL#:
		Place of Birth: (City, State)	DL Issuing State:
		Race:	Height:
Mailing Address: (Same as home <input type="checkbox"/>)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight:
		Home Phone #:	Hair Color:
		Cell Phone #:	Eye Color:
Name of Nearest Relative:		Relationship to Relative:	
Address of Nearest Relative:		Phone Number of Nearest Relative:	
Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed		Wages: \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
Name of Employer:		Work Phone #:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		I support _____ minor children.	
I RECEIVE: <input type="checkbox"/> MEDICAID <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> PUBLIC HOUSING			
MONTHLY INCOME (Estimate if necessary)		MONTHLY EXPENSES (Estimate if necessary)	
My net income (take home pay)	\$	Rent / Mortgage	\$
Spouse's net income (take home pay)	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Child Expenses (Including Child Support Paid)	\$
Other Income	\$	Total Food Expenses	\$
TOTAL MONTHLY INCOME	\$	Transportation Costs	\$
ASSETS		Medical Expenses / Health Insurance	\$
Savings	\$	TOTAL MONTHLY EXPENSES	\$
Home Equity	\$		

Defendant's Unsworn Declaration (§132.001 CPRC)

I **CERTIFY** the above information is true and correct and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I believe that the interest of justice requires court appointed representation. I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00). My name is _____. My date of birth is _____.

My address is: _____.

If currently incarcerated, my inmate identifying number, if any, is _____. I am presently incarcerated at _____.

I **DECLARE** under penalty of perjury that the foregoing is true and correct. Executed in Hunt County, State of Texas, on _____.

Defendant's Signature

TO BE COMPLETED BY JUDGE ONLY

APPLICATION IS: ☐ APPROVED ☐ PARTIALLY APPROVED ☐ DENIED

- If approved, Court appoints, as Court Appointed Attorney: _____.
- If partially approved, Defendant shall make monthly payments of \$ _____ on the 1st of each month beginning on ____/01/202____ to the Hunt County Treasures office until further Order of the Court to reimburse the taxpayers of Hunt County for their court appointed attorney's fees.
- Defendant's next court setting is on ____/____/202____ at ____:____ ☐ AM ☐ PM.

PRESIDING JUDGE ____/____/202____