

CAUSE NO.

THE STATE OF TEXAS
 VS.
 FIRST NAME, MIDDLE NAME, LAST NAME

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

AFFIDAVIT OF INDIGENCE (APPLICATION FOR COURT APPOINTED ATTORNEY)

Name: FIRST NAME, MIDDLE NAME, LAST NAME		Email Address: FULL EMAIL ADDRESS HERE	
Home Address: (Homeless <input type="checkbox"/>) STREET NUMBER STREET NAME CITY, STATE ZIP CODE		Date of Birth: MM/DD/YYYY	DL#: DRIVERS LICENSE #
		Place of Birth: CITY OF BIRTH, STATE OF BIRTH (City, State)	DL Issuing State: STATE THAT ISSUED DL
		Race: RACE	Height: HEIGHT
Mailing Address: (Same as home <input type="checkbox"/>) STREET NUMBER STREET NAME OR P.O. BOX CITY, STATE ZIP CODE		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Weight: WEIGHT
		Home Phone #: IF NONE, TYPE N/A	Hair Color: HAIR COLOR
		Cell Phone #: IF NONE, TYPE N/A	Eye Color: EYE COLOR
Name of Nearest Relative: NAME OF NEAREST RELATIVE		Relationship to Relative: RELATIONSHIP OF NEAREST RELATIVE	
Address of Nearest Relative: STREET NUMBER STREET NAME CITY, STATE ZIP CODE		Phone Number 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: NAME OF EMPLOYER. IF NONE, TYPE N/A		Work Phone #: WORK PHONE HERE. IF NONE, TYPE N/A	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		support <input type="checkbox"/> minor children.	
<input type="checkbox"/> MEDICAID <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> PUBLIC HOUSING			

ENTER WAGES. IF NONE, TYPE "0"

ENTER AMOUNT. IF NONE, ENTER "0"

CHOOSE ANY/ALL THAT APPLY

MONTHLY INCOME (Estimate if necessary)		MONTHLY EXPENSES (Estimate if necessary)	
My net income (take home pay)	\$	Rent /Mortgage	\$
Spouse	\$	Utilities	\$
Child	\$	Food	\$
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 FIRST NAME, MIDDLE NAME, LAST NAME. My date of birth is MM/DD/YYYY. My address is: STREET NUMBER STREET NAME CITY, STATE ZIP CODE. If currently incarcerated, my inmate identifying number, if any, is TYPE # OR IF UNKNOWN, THEN TYPE UNKNOWN. I am presently incarcerated at NAME OF JAIL, CITY AND STATE (I.E. HUNT COUNTY JAIL, GREENVILLE, TEXAS).

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

Sign Your Full Name Here

Defendant's Signature