

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS

§

IN THE

196TH

354TH

VS.

§

CCAL1

CCAL 2

FIRST NAME, MIDDLE NAME, LAST NAME

§

OF HUNT COUNTY, TEXAS

### AFFIDAVIT OF INDIGENCE

Application for Court Appointed Attorney

Name: <b>FIRST NAME, MIDDLE NAME, LAST NAME</b>	Date of Birth: <b>MM/DD/YYYY</b>
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Physical Address: <b>STREET NUMBER STREET NAME CITY, STATE ZIP CODE</b>	Mailing Address: ( <input type="checkbox"/> Same as Physical) <b>STREET NUMBER STREET NAME OR P.O. BOX CITY, STATE ZIP CODE</b>	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Reside with family <input type="checkbox"/> Homeless
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Email Address: <b>TYPE FULL EMAIL ADDRESS HERE</b>				
Phone Numbers	Home: <b>IF NONE, TYPE N/A</b>	Cell: <b>IF NONE, TYPE N/A</b>	Work: <b>IF NONE, TYPE N/A</b>	Emergency: <b>IF NONE, TYPE N/A</b>

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	I support <input type="text"/> children and / or <input type="text"/> dependents.
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I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing
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Employment Status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed	Salary/Wages: \$ <input type="text"/> <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly
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If Employed, Name of Employer: **TYPE NAME OF EMPLOYER. IF NONE, TYPE N/A**

MONTHLY INCOME <i>(Estimate if necessary)</i>	MONTHLY EXPENSES
My gross income (take home pay) \$ <input type="text"/>	Rent / Mortgage \$ <input type="text"/>
Spouse's gross income (take home pay) \$ <input type="text"/>	Utilities (Elec., Gas, Water) \$ <input type="text"/>
Other Government Check \$ <input type="text"/>	Cell / Home phone \$ <input type="text"/>
Other Income \$ <input type="text"/>	Expenses Minimum Monthly Credit Card/Loan Payment \$ <input type="text"/>
<b>TOTAL MONTHLY INCOME AND ASSETS</b> \$ <input type="text"/>	<b>TOTAL MONTHLY EXPENSES</b> \$ <input type="text"/>

ASSETS <i>(if applicable)</i>			
Value of Home \$ <input type="text"/>	Mortgage \$ <input type="text"/>	Value of car(s) \$ <input type="text"/>	Car Loan(s) \$ <input type="text"/>
Cash in Checking, Savings or Similar Account \$ <input type="text"/>	Cash in Spouse's Account \$ <input type="text"/>		

**Defendant** (Section 001 CPRC)

I certify the above information is true and correct and I am signing this affidavit of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I believe that I am unable to pay for my own representation. I understand that if I intentionally or knowingly give false information either in this affidavit or in my testimony 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**, and my address is: **STREET NUMBER STREET NAME CITY, STATE ZIP CODE** in the Unites States of America.

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 **(i.e. HUNT)** County, State of Texas, on **MM/DD/YYYY**.

Sign Your Full Name Here

Defendant's Signature

**TO BE COMPLETED BY JUDGE ONLY**

Defendant Meets Eligibility Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIAL	Judge Presiding _____
Having found Applicant indigent the Court appoints the following Attorney to represent Applicant: _____	Date _____ / _____ / _____