

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

THE STATE OF TEXAS  
VS.

§ IN THE  196TH  354TH  
§  CCAL1  CCAL 2  
§ OF HUNT COUNTY, TEXAS

**AFFIDAVIT OF INDIGENCE**

*Application for Court Appointed Attorney*

Name:				Date of Birth:			
Physical Address:			Mailing Address:			<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Reside with family <input type="checkbox"/> Homeless	
Email Address:							
Phone Numbers	Home:	Cell:	Work:	Emergency:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				I support _____ children and / or _____ dependents.			
I receive: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Public Housing							
Employment Status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed			Salary/Wages: \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly				
If Employed, Name of Employer:							
<b>MONTHLY INCOME</b> <i>(Estimate if necessary)</i>				<b>MONTHLY EXPENSES</b> <i>(Estimate if necessary)</i>			
My gross income (take home pay)		\$		Rent /Mortgage		\$	
Spouse's gross income (take home pay)		\$		Utilities (Elec., Gas, Water)		\$	
Child Support (Received)		\$		Total Child Expenses (Including Child Support Paid)		\$	
SNAP (Food Stamps)		\$		Total Food Expenses		\$	
Social Security/Disability		\$		Transportation Costs		\$	
Other Government Check		\$		Cell / Home phone		\$	
Other Income		\$		Expenses Minimum Monthly Credit Card/Loan Payment		\$	
<b>TOTAL MONTHLY INCOME AND ASSETS</b>				<b>TOTAL MONTHLY EXPENSES</b>			
\$				\$			
<b>ASSETS</b> <i>(if applicable)</i>							
Value of Home	\$	Mortgage	\$	Value of car(s)	\$	Car Loan(s)	\$
Cash in Checking, Savings or Similar Account				Cash in Spouse's Account			
\$				\$			

**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 \_\_\_\_\_, and my address is: \_\_\_\_\_ in the Unites States of America.

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 \_\_\_\_\_ County, State of Texas, on \_\_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

**TO BE COMPLETED BY JUDGE ONLY**

Defendant Meets Eligibility Requirements  YES  NO  PARTIAL

Having found Applicant indigent the Court appoints the following Attorney to represent Applicant: \_\_\_\_\_

\_\_\_\_\_  
Judge Presiding

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_