

**AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE**

<i><b>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</b></i>				
The State of Texas vs. _____				
Offense: _____		Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offense: _____		If yes, language required: _____		
Offense: _____		_____		
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Neither				
<i><b>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</b></i>				
Name _____		Date of Birth _____ / _____ / _____		
First Name	MI	Last Name		
Address _____		_____		
Street	Apt No.	City	State      Zip Code	
Phone Numbers _____		_____		
Home	Cell	Work	Family Member	
I receive: <input type="checkbox"/> Medicaid	<input type="checkbox"/> SSI	<input type="checkbox"/> SNAP	<input type="checkbox"/> TANF <input type="checkbox"/> Public Housing	
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where? _____ Type of Work _____		
Number of Hours per Week: _____		How long have you worked at this job? _____		
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Name of Spouse _____		_____		
First	MI	Last		
Name of Dependent Child(ren) (0-18 yrs.)		Age	Name of Dependent Child(ren) (0-18 yrs.)	
<b>RESIDENCE INFORMATION</b>				
Rent: yes or no	Own: yes or no	Reside with family: yes no	Homeless: yes or no	
<u>MONTHLY INCOME AND ASSETS</u>			<u>MONTHLY EXPENSES</u>	
My take home pay	\$	Rent/Mortgage	\$	
Spouse's 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	\$	Probation fees	\$	
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$	
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	\$	Minimum Monthly Credit Card Payment	\$	
			<b>TOTAL MONTHLY EXPENSES</b>	\$

**ONLY ONE SECTION BELOW TO BE COMPLETED.**

**Administered Oath**

(Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Clerk/Notary Public Signature      Date**

**Unsworn Declaration by Defendant**

(Defendant ONLY)

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_.  
(First Name)      (Middle Name)      (Last Name)

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Street Number and Name)      (City)      (State)      (Zip Code)      (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month)      (Year)

**Defendant Currently Meets Eligibility Requirements?**

YES

NO

**Date** \_\_\_\_\_