

COUNTY

Cause No.

## AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

### THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas  
vs.

Offense: Interpreter required? ☐ Yes ☐ No

Offense: If yes, language required:

Offense:

Defendant Currently In: ☐ Correctional Facility ☐ Mental Health Facility ☐ Neither

### THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

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: ☐ Medicaid ☐ SSI ☐ SNAP ☐ TANF ☐ Public Housing

Are you Employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_ Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Marital Status : ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Name of Spouse \_\_\_\_\_  
First MI Last

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

### RESIDENCE INFORMATION

Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
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MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
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	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

\_\_\_\_\_ COUNTY

Cause No. \_\_\_\_\_

**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 \_\_\_\_\_