

# AFFIDAVIT OF INDIGENCE

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

The State of Texas In the \_\_\_\_\_ Court

vs.

\_\_\_\_\_ County

Offense \_\_\_\_\_ Level of Offense \_\_\_\_\_

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.





No \_\_\_\_\_

Yes If yes, provide name of institution: \_\_\_\_\_

No \_\_\_\_\_

Yes If yes, provide name of facility: \_\_\_\_\_

No \_\_\_\_\_

Yes If yes, provide name of facility: \_\_\_\_\_

<b>Employer</b>	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	_____ per week or _____ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	_____ per week or _____ per month
Pay rate	

<b>Length of time unemployed</b>	_____
Name of previous employer	_____
Street Address of previous employer:	_____
City, State, Zip	_____

- Food Stamps
- Medicaid
- Public housing
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)

Expense (Monthly)	\$	Month
Rent or Mortgage Payment		
Car Payment		
Insurance (Life, Health, Car, Homeowners, etc.)		
Child Care		
Child Support		
Water		
Gas		
Telephone		
Electricity		
Food		
Clothes		
Medical		
Cable TV or Satellite TV		
Pager		
Cell Phone		
<b>Loan and Debt Payments</b>		
Outstanding Loans (list type of Loans)		
Credit Card Debt (list name of cards)		
Balance:		
\$		
Balance:		
\$		
Other Monthly Expenditures (Describe)		
<b>TOTAL MONTHLY EXPENSES</b>		

<b>Income (Monthly)</b>		
Take Home Pay		
Spouse's Take Home Pay		
Investment Income		
Stock Dividend		
Bond Dividend		
Rental Income		
Pension Payments		
Unemployment		
Social Security Benefits		
Child Support		
Public Assistance		
TANF		
SSI		
Medicaid		
Other		
Cash Gifts		
Other (Describe)		
<b>TOTAL GROSS MONTHLY INCOME</b>		

<b>Asset</b>	<b>Value</b>
<b>A. Place of Residence</b> ___ Rent    ___ Own Describe if house, condominium, apartment, other:	\$
<b>B. Real Property Owned:</b> Description/Location:	\$
<b>C. Automobile(s)</b>	\$
Make                      Model                      Year	
Make                      Model                      Year	\$
Make                      Model                      Year	\$
<b>D. Stock and Bonds</b> (provide description)	\$
	\$
	\$
<b>E. Other Property</b> (list all jewelry, equipment, watercrafts, etc.)	\$
	\$
	\$
<b>F. Bank Accounts</b>	
Bank Name                      Type of Account                      Balance	
	\$
	\$
	\$
	\$
<b>G. Other Assets</b> (Identify)	<b>VALUE</b>
	\$
<b>ASSETS TOTAL VALUE</b>	<b>\$</b>

This court finds the defendant    **is** / **is not**    indigent.

\_\_\_\_\_  
Signature of Judge

**VERIFICATION AGREEMENT**

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

Applicant's Signature

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

Clerk's Signature

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**MY EMPLOYMENT INFORMATION:**

JOB TITLE: \_\_\_\_\_  
EMPLOYER'S NAME: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
HOURS OF WORK: \_\_\_\_\_  
PAY RATE: \_\_\_\_\_

**MY FINANCIAL INFORMATION:**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
BALANCE: \_\_\_\_\_

**SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION**