

# AFFIDAVIT OF INDIGENCE

*THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY*

The State of Texas \_\_\_\_\_ County Court  
 vs. \_\_\_\_\_ District Court

**List Offense(s) Below:**

**Check which degree of  
 Felony(F) or Misdemeanor (M) Below**

|          |  |
|----------|--|
| Offense: | F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/> |
| Offense: | F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/> |
| Offense: | F-1/2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-SJ <input type="checkbox"/> M-A <input type="checkbox"/> M-B <input type="checkbox"/> M-C <input type="checkbox"/> |

Defendant Currently In:  Archer County Jail  Clay County Jail  Montague County Jail

Interpreter required?  Yes  No If yes, language required: \_\_\_\_\_

*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)<br>(0-18 yrs.) Living with you: _____ | Name of Dependent Child(ren)<br>(0-18 yrs.) Living Elsewhere: _____ |
|--|---|

### RESIDENCE INFORMATION

Rent: yes  no  Own: yes  no  Reside with family: yes  no  Homeless: yes  no

#### 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                 | \$        |
| <b>TOTAL MONTHLY INCOME AND ASSETS</b> | <b>\$</b> | Minimum Monthly Credit Card Payment                 | \$        |
|  |           | <b>TOTAL MONTHLY EXPENSES</b>                       | <b>\$</b> |

## Defendant's Oath

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised of my right to representation by counsel in connection with the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

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

\_\_\_\_\_  
Date

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 \_\_\_\_\_

Please return completed form to:  
97<sup>th</sup> District Court Administrator  
Mailing Address: PO Box 167, Montague, TX 76251  
Email: [97thcoordinator@gmail.com](mailto:97thcoordinator@gmail.com)  
Fax: (940) 894-2560