

Washington County Precinct Two, Judge Douglas F. Cone

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

<i>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</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				
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: <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.)	
RESIDENCE INFORMATION				
Rent: yes or no		Own: yes or no		Reside with family: yes or 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	
TOTAL MONTHLY INCOME AND ASSETS		\$	Minimum Monthly Credit Card Payment	
			TOTAL MONTHLY EXPENSES	
			\$	

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 _____