AFFIDAVIT OF INDIGENCY

This section is to be filled out by the Court Personnel

Name: _____ Date of Birth: _____

Citation: Date(s), Citation Number(s), Offense(s), Fine(s), Docket Number(s), etc. :

_____

_____

_____

_____

_____

_____

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 perjury. Please clearly print and 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.

Defendant's Personal Information	
Name	
Phone Number	
Street Address	
City, State, Zip	
Driver's License #	
Date of Birth	
Name of Spouse	

I am responsible for the following people and/or I live in the household of the following people.

Name(s) (list below):	**Age**	**Relation**	**Income**

OTHER THAN MY ARREST CHARGE(S), I have charges pending or am on probation in the following counties:

Charge	**County**	**Bond**

DEFENDANT'S FINANCIAL INFORMATION

EXPENSES (Monthly)	MONTHLY PAYMENT
Rent or Mortgage	
Car Payment	
Insurance (Life, Health, Car, Homeowner's, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card (list name of cards)	
$ Balance:	
Credit Card Debt (list name of card) **$** Balance:	
Credit Card Debt (list name of card) **$** Balance:	
Credit Card Debt (list name of card) **$** Balance:	
Other Monthly Expenditures (Describe)	
TOTAL MONTLY EXPENSES	**$**
Defendant's Financial Information	

Public Assistance **Are you currently receiving (check all that apply)**
_____ Food Stamps
_____ Medicaid
_____ Public Housing
_____ Temporary Assistance to Needy Families (TANF)
_____ Supplemental Security Income (SSI)

INCOME (MONTHLY)	**MONTHLY AMOUNT**
Take Home Pay	
Other Member of Household Take Home Pay	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
Food Stamps	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	**$**

ASSETS	
Asset	**Value**
A. Place of Residence _____ Rent _____ Own Describe if house, apartment, mobile home, other:	
B. Real Property Owned: Description / Location:	
C. Automobile(s) **Make Model Year**	
Make Model Year	
D. I have the following cash: In Jail: $_____ At Home: $ _____	
E.	
F. Other Property: List all equipment, boat(s), motorcycle(s), etc.	
G. Bank Accounts	
Bank Name Type of Account Balance $	
TOTAL ASSETS	**$**

Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Name:	
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 $_____ per month**
Pay Rate	**$**

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer	
City, State, Zip	

TOTAL ASSESTS:	**$**
TOTAL INCOME:	**$**
TOTAL EXPENSES:	**$**
SURPLUS / DEFICIT:	**$**

PLEASE READ EACH STATEMENT CAREFULLY AND PLACE YOUR INITIALS ON THE LINE INDICATING THAT YOU HAVE READAND UNDERSTAND THE STATEMENTS.

1. _____ I swear under oath that none of the people I have listed have the resources or are willing to finance my representation.
2. _____ I understand that I will be subject to an investigation and or questioning by a Judge or Court

   _____ If my finances improve, I am required to notify the Court.
3. _____ I understand that I am subject to prosecution for any misrepresentation on the application.
4. _____ I may be ordered to reimburse the County for attorney fees.

By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

_____

Defendant's Signature

SUBSCRIBED and SWORN to before me, on this _____ day of _____, 20 _____

_____

Notary Public or Magistrate / Texas

ORDER FINDING INDIGENCY

Upon reviewing this application, the Municipal Court finds that indigence _____has/_____ has not been established.

Stipulations: _____ Fines Waived _____ Beginning Date of Payments

$**_____ Down Payment **$_____ Monthly Payments

_____ Instructions

MUNICIPAL COURT OF FIN SHERMAN, TEXAS

_____

Presiding Judge **Date**