

AFFIDAVIT OF INDIGENCY

State of Texas
v.

In The _____ Court
Collin County, Texas

Offense _____, Level _____

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.



Defendant's Personal Information			
Name			
Phone Number	H	C	W
Street Address			
City, State, Zip			
Social Security #			
Driver's License #			
Date of Birth			
Marital Status			
Name of Spouse			
Spouse's SS#			

Dependents Name(s) (list below):	Age	Relationship

Are you currently in jail or in a correctional institution?	Verification
<input type="checkbox"/> No	Y / N
<input type="checkbox"/> Yes If yes, provide name of institution:	Y / N

Are you or your legal dependents currently receiving any of the following?	Verification
<input type="checkbox"/> Food Stamps	Y / N
<input type="checkbox"/> Medicaid	Y / N
<input type="checkbox"/> Public Housing	Y / N
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	Y / N
<input type="checkbox"/> Supplemental Security Income (SSI or SSDI)	Y / N
<input type="checkbox"/> Collin County Indigent Health Program	Y / N

Employer Information	
Employer	
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	1

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

Income (Monthly)	Monthly Amount	Office Use Only
Take Home Pay	\$	(pay stubs / W2s / 1040 / TWC)
Spouse's Take Home Pay	\$	(pay stubs / W2s / 1040 / TWC)
Interest Income	\$	
Investment Income	\$	
Rental Income	\$	
Alimony (received)	\$	
Business Income	\$	
Pensions, annuities, IRAs	\$	
Unemployment	\$	
Social Security Benefits	\$	
Royalties, trusts, S. corps.	\$	
Other (describe)	\$	
Total Monthly Amount	\$	

Assets (paid, paying on a loan to purchase or leased)		
Asset	Value	
A. Place of Residence ___ Rent ___ Own Describe if house, condominium, apartment, other:	\$	
B. Real Property Owned (e.g. Land, Buildings, etc.) Description/Location:	\$	
C. Automobiles and/or Motorcycles Make Model Year	\$	
Make Model Year	\$	
D. Stock and Bonds (provide description)	\$	
	\$	
E. Other Property (large equipment, watercrafts, etc.)	\$	
	\$	
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
G. Other Assets (Identify)	\$	
ASSETS TOTAL VALUE	\$	

Expenses	Monthly Payment	Expenses	Monthly Payment
Rent or Mortgage	\$	Cable TV or Satellite TV	\$
Car Payment	\$	Pager	\$
Insurance-Health, Car, Life, Homeowners, etc.	\$	Cell Phone	\$
Child Care	\$	Loan or Debt Payments	
Child Support	\$	Outstanding Loans (list)	
Water	\$	Balance: \$ _____	\$
Gas	\$	Balance: \$ _____	\$
Telephone	\$	Credit Card Debt (list)	
Electricity	\$	Balance: \$ _____	\$
Food	\$	Balance: \$ _____	\$
Clothes	\$	Other Expenses (list)	\$
Medical	\$		\$

Other financial considerations I want the court to know:

By signing my name below, I swear, that all of the above information about my financial condition is **current, accurate, and true**. By signing below, I understand that a **court official will verify** any of the information for accuracy as required to determine my eligibility. I have also been advised by the Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the Court to appoint counsel for me. **I further understand that the cost of any attorney appointed will likely be added to my court costs and I will be responsible for paying all ordered court costs.**

I hereby authorize the release of any financial information to any representative of Collin County from any person, group or company named in this affidavit.

 Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20____

 Clerk's Signature

Staff Use Only:					
Comments:					
			Defendant Meets Eligibility Requirements		
	Amount	Criteria	Yes	No	Undetermined
Automatic Qualification	N/A				
Total Income	\$	<or = 125% FPL			
Assets	\$	< or = \$2,500			

The Court, or the Court's designee, finds that:

- _____ the defendant is indigent according to the indigency guidelines promulgated by the courts of Collin County, or
- _____ the ends of justice are best served by appointing the defendant an Attorney without a finding of indigence.
- _____ the Court finds that the defendant is **not** indigent.

 Judge (or Court Designee) Date: