

**AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE**

***THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY***

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:  Correctional Facility  Mental Health Facility  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:  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) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

**RESIDENCE INFORMATION**

Rent:  yes or  no      Own:  yes or  no      Reside with family:  yes or  no      Homeless:  yes or  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>	\$	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$

**SECTION BELOW MUST BE COMPLETED.**

**Declaration by Defendant**

My name is \_\_\_\_\_,  
(First Name) (Middle Name) (Last Name)

I hereby enter a plea of  GUILTY  NO CONTEST and waive my right to a jury trial.

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'S SIGNATURE

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

\_\_\_\_\_  
Clerk/Notary Public Signature Date

**Defendant Currently Meets Eligibility Requirements?**

YES

NO

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF JUDGE