AFFIDAVIT OF INDIGENCE

No. \_\_\_\_\_\_\_\_\_\_\_\_

STATE OF TEXAS § IN THE JUSTICE COURT

vs §

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § SHERMAN COUNTY TEXAS

|  |
| --- |
| All information must be completed by the defendant and must be current. Accurate, and true. Intentionally or knowing 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 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 |  |
| Street Address |  |
| City, State, Zip |  |
| Social Security # |  |
| Driver’s License # |  |
| Date of Birth |  |
| Name of Spouse |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dependents: | | | |
| Name(s) List below | Age | Relation | Income |
|  |  |  |  |
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|  |  |  |  |
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| --- |
| Are you currently in jail or in a correctional institution? |
| \_\_\_\_ No |
| \_\_\_\_ Yes If yes, provide name of institution: |
| Are you currently residing in a mental health facility? |
| \_\_\_\_ No |
| \_\_\_\_ Yes If yes, provide name of facility: |

|  |  |
| --- | --- |
| 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 |  |
| Phone Number |  |
| 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 |  |

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| --- |
| **Defendant’s Financial Information** |

|  |
| --- |
| Public Assistance  Are you currently receiving (check all that apply)  \_\_\_\_SNAPS Benefit  \_\_\_\_Medicaid  \_\_\_\_Public housing  \_\_\_\_Temporary Assistance to Need Families (TANF)  \_\_\_\_Supplemental Security Income (SSI) |
|  | |

|  |  |
| --- | --- |
| **Defendant’s Financial Information Continued** | |
| Expenses (Monthly) | Monthly Payment |
| Rent or Mortgage Payment |  |
| Car Payment |  |
| Insurance (Life, Health, Car, Homeowners, Ect.) |  |
| 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 Loan) |  |
|  |  |
|  |  |
| Credit Card Debt (list name of card) |  |
|  |  |
|  |  |
| Other Monthly Expenditures(Describe) |  |
| TOTAL MONTHLY EXPENSES |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Defendant’s Income Information** | |
| Income (Monthly) | Monthly Amount |
| Take Home Pay |  |
| Spouse’s Take Home Pay |  |
| Investment Income |  |
| -Stock Dividend |  |
| -Bond Dividend |  |
| Rental Income |  |
| Pension Payments |  |
| Unemployment |  |
| Social Security Benefits |  |
| Child Support |  |
| Public Assistance |  |
| -TANF |  |
| -SSI |  |
| -Medicaid |  |
| -Other |  |
| Cash Gifts |  |
| Other (Describe) |  |
|  |  |
| TOTAL GROSS MONTHLY INCOME |  |

|  |  |
| --- | --- |
| **Defendant’s Assets** | |
| Asset | Value |
| 1. Place of Residence \_\_\_\_ Rent \_\_\_\_Own   Describe if house, condominium, apartment, other: |  |
| 1. Real Property Owned; Description/Location: |  |
| 1. Automobile (s)   Make Model Year  Make Model Year  Make Model Year |  |
| 1. Stock and Bonds (Provide description) |  |
|  |  |
|  |  |
| 1. Other Property (list all jewelry, equipment, watercrafts, ect.) |  |
|  |  |
|  |  |
| 1. Bank Accounts |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. Other Assets (Identify) |  |
|  |  |
| **ASSETS TOTAL VALUE** |  |
|  |  |
|  |  |

I have/have not ***(circle one)*** attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do/do not ***(circle one)*** authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in the that is acceptable to the court.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature

|  |
| --- |
| Defendant’s Employment Information:  Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hours of Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pay Rate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*If defendant is currently unemployed, provide previous employer. |

I declare under penalty of perjury that the forgoing is true and correct.

Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of affiant

Notary Public in and for the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 2021.