454TH JUDICIAL DISTRICT AFFIDAVIT OF INDIGENCE

THE INTEREST OF	NO.		
		HE DISTRICT CO	
IILD/CHILDREN	4541	H JUDICIAL DI	STRICT
formation must be completed by conally or knowingly giving false in a steed perjury, a felony. The punish ten (10) years and a fine not to formation being asked does not apply	formation may result in hment for aggravated p exceed ten thousand o nation being asked, ente	n your prosecut perjury includes dollars (\$10,000 r DO NOT KN	ion for the o imprisonme). Please f
Respon	dent's Personal Informa	tion	
Name			-
Phone Number			-
Mailing Address			
City, State, Zip			
Social Security #		576	
Driver's License #			
Date of Birth			
Name of Spouse		- PANA	
Dependents:	200 XXX	721302 776-	
Name(s) (list below):	Age	Relation	Income
			200
Are you currently in jail or in a correct No Yes If yes, provide name of i	institution:		
No Yes If yes, provide name of i Are you currently residing in a mental No	institution: health facility?		
No Yes If yes, provide name of i Are you currently residing in a mental No	institution: health facility? facility:		
No Yes If yes, provide name of i Are you currently residing in a mental No Yes If yes, provide name of i	institution: health facility? facility:		

Employer Information			13.5		
Employer					
Phone Number					
Supervisor's Name					
Street Address:					
City, State, Zip			450000		
Hours worked	per week or	r _	per month		
Pay rate					
Spouse's Employer					
Street Address:					
City, State Zip					
Hours worked	per week o	r	per month		
Pay rate					- Andrew Sandra - Maria
If unemployed, list:			==		
Length of time unempl	loyed				
Name of previous emp	loyer		,		
Street Address of previ	ious employer:				
City, State, Zip					
	Respon	dent	's Financial Informati	on	

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)

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners,	1
etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	1
Cable TV or Satellite TV	1
Pager	
Cell Phone	1
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance: \$	
Balance: \$	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY WENDER	
TOTAL MONTHLY EXPENSES	

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	1
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	V v - con-
Other (Describe)	
5.000 0 10 d i 2.	
TOTAL GROSS	
MONTHLY INCOME	

Asset Value Asset Value Asset Value Describe if flows, condominium, apartment, other: B. Real Property Owned; Description/Location: C. Automobile(s) Make Model Year S. Make Model Year S. Make Model Year S. D. Stock and Bonds (provide description) S. E. Other Property (list all jewelry, equipment, watercrafts, etc.) S. E. Other Property (list all jewelry, equipment, watercrafts, etc.) S. F. Bank Accounts Bank Name Type of Account Balance S. G. Other Assets (identify) YALUE ASSETS TOTAL VALUE S. On this day of ,20 ,1 have been advised by the (name of the court) Court of my right to epresentation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own hoosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the abortomation and verify any of the information about my financial condition is current, accurate, and fure. By signing my name below, I swear, that all of the abortomation that the province of the court of the court of fician verify any of the information for accuracy as required to determine my eligibility. Respondent's Signature	Assets		
Describe if house, condominium, apartment, other: B. Real Property Owned; Description/Location: C. Automobile(s) Make Model Year S Make Model Year S Make Model Year S Make Model Year S D. Stock and Bonds (provide description) S S E. Other Property (list all jewelry, equipment, watercrafts, etc.) S S E. Other Property (list all jewelry, equipment, watercrafts, etc.) S F. Bark Accounts Bank Name Type of Account Balance S S G. Other Assets (identify) VALUE S ASSETS TOTAL VALUE S Do this day of Jave the trial of the charge pending against me. 1 am without means to employ counsel of my own hoosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that a court offician energy of the information about my financial condition is current, accurate, and true. By signing below, I understand that a court offician everify any of the information for accuracy as required to determine my eligibility. Respondent's Signature		Asset	Value
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APPROVED / DISAPPROVED / COURT APPROVAL	representation by counsel choosing and I hereby required information about my fina	in the trial of the charge pending agains test the court to appoint counsel for me incial condition is current, accurate, and	st me. I am without means to employ counsel of my own e. By signing my name below, I swear, that all of the above I true. By signing below, I understand that a court official
		Respondent's Signature	
Y:	APPROVED / DISAPI	PROVED / COURT APPROVAI	L
	BY:		

- a. The Court finds the Respondent is not indigent.
- b. The Court finds the Respondent is indigent.
 c. The Court finds the Respondent is indigent; however, the Court finds that the Respondent has financial resources that enable him/her to offset in part or in whole the costs of the legal services provided upon disposition of the case

Signed this	day of	, 20,	
Signature of Jud	ge or Designee	//)	