

# 454<sup>TH</sup> JUDICIAL DISTRICT AFFIDAVIT OF INDIGENCE

*This section to be filled out by Court Personnel*

IN THE INTEREST OF

NO. \_\_\_\_\_

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

IN THE DISTRICT COURT OF  
MEDINA COUNTY, TEXAS

CHILD/CHILDREN

454TH JUDICIAL DISTRICT

All information must be completed by the respondent 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.



Respondent's Personal Information	
Name	
Phone Number	
Mailing Address	
City, State, Zip	
Social Security #	
Driver's License #	
Date of Birth	
Name of Spouse	

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

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:

Do you have an application pending at a mental health facility?

No

Yes     If yes, provide name of facility

<b>Employer Information</b>	
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	

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

**Respondent's Financial Information**

<b>Public Assistance</b> Are you currently receiving (check all that apply)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public housing
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)

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)	
<b>TOTAL GROSS MONTHLY INCOME</b>	

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

<b>Assets</b>		<b>Value</b>
<b>A. Place of Residence</b> ___ Rent    ___ Own Describe if house, condominium, apartment, other:		\$
<b>B. Real Property Owned; Description/Location:</b>		\$
<b>C. Automobile(s)</b> Make                      Model                      Year		\$
Make                      Model                      Year		\$
Make                      Model                      Year		\$
<b>D. Stock and Bonds (provide description)</b>		\$
		\$
		\$
<b>E. Other Property (list all jewelry, equipment, watercrafts, etc.)</b>		\$
		\$
		\$
<b>F. Bank Accounts</b>		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
<b>G. Other Assets (Identify)</b>		VALUE
		\$
<b>ASSETS TOTAL VALUE</b>		\$

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

\_\_\_\_\_

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I have been advised by the (name of the court) 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. 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 can verify any of the information for accuracy as required to determine my eligibility.

\_\_\_\_\_

Respondent's Signature

APPROVED / DISAPPROVED / COURT APPROVAL

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\_\_\_\_.

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**Signature of Judge or Designee**