## MEDINA COUNTY AFFIDAVIT OF INDIGENCE

This section to be filled out by County Person	nel
No	
The State of Texas	In the Court
vs.	
	Medina County
Offense	Level of Offense

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.

N/A

	Defendant's Personal Information
Name	
Phone Number	
Mailing Address	
City, State, Zip	
Social Security #	
Driver's License #	
Date of Birth	
Married or Single?	
Name of Spouse	

Dependents under 17 years of age:			
Name(s) (list below):	Age	Relation	Income

Are you curr	rently in jail or in a correctional institution?
No	
Yes	If yes, provide name of institution:

<b>Employer Information</b>	
Employer:	
Phone Number:	
Spouse's Employer:	
Phone Number:	

If unemployed, list:	
Length of time unemployed	
When unemployment began	If less than 30 days prior, fill in information requested above

## **Defendant's Financial Information**

- 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)

Income (Monthly)	Monthly
	Amount
Take Home Pay	\$
Spouse's Take Home Pay	\$
Investment Income	\$
Stock Dividend	\$
Bond Dividend	\$
Rental Income	\$
Pension/ Retirement	\$
Payments	
Unemployment	\$
Social Security Benefits	\$
Child Support	\$
Public Assistance	
TANF	\$
SSI	\$
Medicaid	\$
Public Housing	\$
Other	\$
Cash Gifts	\$
Other (Describe)	
	\$
	\$
	\$
	\$
	\$
TOTAL GROSS	\$
MONTHLY INCOME	

Expenses (Monthly)	Monthly
	Payment
Rent or Mortgage Payment	\$
Car Payment	\$
Insurance (Life, Health, Car,	\$
Homeowners, etc.)	
Child Care	\$
Child Support (not already taken out of	\$
your check)	
Gas (for home)	\$
Water	\$
Electricity	\$
Food	\$
Medical (that you pay)	\$
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)	
	\$
	\$
TOTAL MONTHLY EXPENSES	\$

	A	Assets	Value	
A. Place of Residence Rent Own Describe if house, condominium, apartment, other:		Worth: \$		
		Owed: \$		
<b>B.</b> Real Property C	Owned: Desci	iption/Location:	\$	
C. Automobile(s)			Worth: \$	
Make	Model	Year		
_			Owed: \$	
Make	Model	Year		
			Worth: \$	
			Owed: \$	
Make	Model	Year		
			Worth: \$	
			Owed: \$	
<b>D.</b> Stock and Bond	ds (provide des	cription)		
	*	•	\$	
			\$	
			¥	
			\$	
E. Other Property	(list all jewelry	, equipment, watercrafts, etc.)	\$	
			\$	
			\$	
F. Bank Accounts				
Bank Name		Type of Account	Balance	
			\$	
			\$	
			\$	
			\$	
G. Other Assets (Id	dentify)		VALUE	
			\$	

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 <u>(name of the court)</u> 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.

\_\_\_\_\_

Defendant's Signature

- a. The Court finds the Defendant is not indigent.
- b. The Court finds the Defendant is indigent.
- c. The Court finds the Defendant is indigent; however, the Court finds that the Defendant 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 \_\_\_\_\_\_, 20\_\_\_\_\_, 20\_\_\_\_\_,

Signature of Judge or Designee

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