

AFFIDAVIT OF INDIGENCY

N/A IS NOT AN ACCEPTABLE ANSWER ON THIS APPLICATION. APPLICATION MUST BE FILLED OUT ENTIRELY FOR CONSIDERATION. ALL INFORMATION IS SUBJECT TO VERIFICATION. FALSIFICATION OF INFORMATION IS A CRIMINAL OFFENSE.

CAUSE NO.	DOCKET NO: BOND:
THE STATE OF TEXAS	COURT #:
VS.	CHARGE:
JP #:	DEGREE:

Name: _____ Phone: (____) _____
Address: _____ T.D.L. _____
_____ S.S.N. _____
City, State, Zip: _____ D.O.B. _____

Are you or any of your dependants receiving food stamps, Medicaid, Temporary Assistance for Needy Families, Supplemental Security Income or public housing? Yes No If "yes," please explain.

I am a Defendant in the above entitled action. I am **not represented** by counsel in this proceeding. I have no assets, except for the following:

1. Earnings: \$ _____ per week month year (circle one)
Employer Name: _____
Address: _____
Phone Number: (____) _____ - _____
If unemployed, list the last job you had and efforts to gain employment:

2. My net household income is as follows (state source of income and amount):

Net Household Income Includes: take home wages and salary (gross income minus deductions required by law or as a condition of employment), overtime, severance pay, unemployment benefits, disability or workman's compensation benefits; net self employment income (gross income minus business expenses, and those deductions required by law or as a condition of operating the business); regular payments from a governmental income maintenance program, alimony, child support, public or private pensions, retirement benefits, or annuities; and income from dividends, interest, rents, royalties, capital gains, periodic receipts from estates or trusts, regular payments from Social Security, veteran's benefits, food, rent or household expenses received in lieu of wages or as a result of any agreement to share household expenses, tax refunds or compensation for injury. Seasonal or temporary income shall be considered on an annualized basis, averaged together with periods in which the defendant has no income or lesser income.

3. I am married not married and support _____ children under 18 years of age and/or _____ other dependents who are living with me (name, age, and relationship): _____

4. Earnings of my spouse and/or minor children are (name of employer and amount of weekly/monthly earnings): _____

5. I have the following debts and expenses (groceries, child care, utilities) per month (*List separately*):

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

6. I have the following money:

At home	\$ _____	Checking Account	\$ _____
Savings Account	\$ _____	Safety Deposit Box	\$ _____
Due/Owed to me	\$ _____	Other	\$ _____

7. I own the following property: (Address/Location)

TYPE	VALUE	MONTHLY PMTS	BALANCE	LEASE Yes or No	ADDRESS/LOCATION
Home	\$	\$	\$		
Automobile	\$	\$	\$		
Furniture	\$	\$	\$		
Other Land Or Buildings	\$	\$	\$		
Notes, Mortgages, Trusts & Deeds	\$	\$	\$		
Stocks/Bonds	\$	\$	\$		
Animals of Value	\$	\$	\$		
Jewelry	\$	\$	\$		
Other Personal Property	\$	\$	\$		

8. I AM AM NOT free on bond. Amount of bond: \$ _____

9. I am currently represented by attorney _____ on other charges in another court(s). My attorney is currently RETAINED APPOINTED.

10. Present Address: _____
 City/State/Zip: _____
 Phone Number: (____) _____ - _____
 Alternate Phone: (____) _____ - _____
 Name of Nearest Relative: _____
 & Phone Number: (____) _____ - _____

The names, ages and income of all persons residing at the above address are as follows:

I have been advised by the Court of my right to representation by counsel to defend me as to the charge(s) pending against me. I do not have the funds to hire an attorney and I do not have the ability to obtain credit to raise funds to hire an attorney and I ask the Court to appoint an attorney to defend me. I have carefully read the answers to all of the above questions and my answers are true and correct. I understand that if I receive an appointed attorney and make bond, I shall comply with the additional terms and conditions of bond imposed by the court. I understand that any violation of these conditions may result in my bond being held insufficient and me being returned to custody.

_____ Date _____ Defendant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, on the _____ day of _____, 20_____.

Recommendation: BY: _____

Indigent
 Partially Indigent
 Does Not Qualify

Printed Name Title

Verified on: _____ by: _____

After reviewing this sworn Affidavit of Indigency, I find that this defendant is indigent under the guidelines of Brazoria County and is entitled to appointment of _____ as his attorney and as additional conditions of bond, defendant shall (1) keep all appointments with the attorney; (2) attend all court settings, and; (3) notify the attorney or the attorney's office of any changes in his residence address, business address or telephone numbers within twenty-four (24) hours of such change.

_____ Defendant's initials

_____ DATE _____ JUDGE / COURT ADMINISTRATOR-COURT DESIGNEE