

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

CAUSE #. _____

The State of Texas
vs.

In the _____ Court

Brazoria County, Texas

JP #: _____

Offense _____

Bond: _____

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.



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

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:

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	
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	
Public Assistance	
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)	

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

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 _____ Court of my right to representation by counsel to defend me as to the charge(s) 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. 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.

Defendant's Signature

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

Clerk's Signature

RECOMMENDATION:

- Indigent
- Partially Indigent
- Does Not Qualify
- Other _____

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 on time; 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

VERIFICATION AGREEMENT

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 a manner that is acceptable to the court or I will not have an attorney appointed.

Applicant's Signature

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

Clerk's Signature

MY EMPLOYMENT INFORMATION:

JOB TITLE: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

SUPERVISOR'S NAME: _____

WORK PHONE: _____

HOURS OF WORK: _____

PAY RATE: _____

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

BALANCE: _____

SIGNATURE OF EMPLOYEE/PERSON
SUBJECT TO FINANCIAL INFORMATION