

# AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

*THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY*

The State of Texas  
vs.

Caldwell County, JP2

Cause # \_\_\_\_\_

Offense: \_\_\_\_\_

Interpreter required?  Yes  No

Offense: \_\_\_\_\_

If yes, language required: \_\_\_\_\_

Offense: \_\_\_\_\_

Defendant Currently In:  Correctional Facility  Mental Health Facility  Neither

***THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT***

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                     First Name                      MI                      Last Name

Address \_\_\_\_\_  
                     Street                      Apt No.                      City                      State                      Zip Code

Phone Numbers \_\_\_\_\_  
                     Home                      Cell                      Work                      Family Member

I receive:  Medicaid                       SSI                       SNAP                       TANF                       Public Housing

Are you Employed?  Yes  No    If yes, where? \_\_\_\_\_    Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_    How long have you worked at this job? \_\_\_\_\_

Marital Status :     Single     Married     Divorced     Widowed     Separated

Name of Spouse \_\_\_\_\_  
                     First                      MI                      Last

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

### RESIDENCE INFORMATION

Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
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### MONTHLY INCOME AND ASSETS

### MONTHLY EXPENSES

My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>\$</b>	Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

ONLY ONE SECTION BELOW TO BE COMPLETED.

### Administered Oath

(Clerk/Notary ONLY)

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

\_\_\_\_\_  
Clerk/Notary Public Signature      Date

### Unsworn Declaration by Defendant

(Defendant ONLY)

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_.  
(First Name)      (Middle Name)      (Last Name)

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Street Number and Name)      (City)      (State)      (Zip Code)      (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month)      (Year)

### Defendant Currently Meets Eligibility Requirements?

YES

NO

Date \_\_\_\_\_

I understand I have the right to be represented by an attorney. I have the right to a public trial. I have the right to a jury trial. I, the defendant, waive my right to a jury trial and I waive my right to have an attorney represent me at this trial.

I enter a plea of \_\_\_\_\_ **GUILTY** or I enter a plea of \_\_\_\_\_ **NO CONTEST (NOLO CONTENDERE)**

\_\_\_\_\_  
Defendant's Signature

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

\_\_\_\_\_  
Clerk's Signature

This court finds the defendant IS / IS NOT indigent. CRS REQUIRED / NOT REQUIRED (undue hardship)

\_\_\_\_\_  
Date of Hearing

\_\_\_\_\_  
Judge Shanna Conley