

# AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

<b>THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY</b>				
The State of Texas vs.		Caldwell County, JP2		
		Cause # _____		
Offense: _____		Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Offense: _____		If yes, language required: _____		
Offense: _____				
Defendant Currently In: <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Neither				
<b>THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT</b>				
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: <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> SNAP		<input type="checkbox"/> TANF <input type="checkbox"/> Public Housing		
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where? _____ Type of Work _____		
Number of Hours per Week: _____		How long have you worked at this job? _____		
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Name of Spouse _____		_____		
First	MI	Last		
Name of Dependent Child(ren) (0-18 yrs.)		Age	Name of Dependent Child(ren) (0-18 yrs.)	
<b>RESIDENCE INFORMATION (circle)</b>				
Rent: YES or NO		Own: YES or NO		Reside with family: YES or NO
				Homeless: YES or NO
<b>MONTHLY INCOME AND ASSETS</b>			<b>MONTHLY EXPENSES</b>	
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	
TOTAL MONTHLY INCOME AND ASSETS		\$	Minimum Monthly Credit Card Payment	
			TOTAL MONTHLY EXPENSES	
			\$	

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