INDIGENCY AFFIDAVIT – JUSTICE COURT CRIMINAL CASE

	Case No							
State of Texas								
vs.								
Defendant Name (Printed)								
	THIS PORTION '	ГО ВЕ	СОМР	LETED BY DEFEN I	DANT			
Name					Date of Bi	rth		
First Name	MI							
AddressStreet				City	State	!	Zip Code	
Phone Numbers								
Home	E cci	Cell		Work	Family Member □ Public Housing			
I receive: ☐ Medicaid			SNAP	☐ TANF		шс но	using	
I attached proof of my government	t assistance 🗆 Yes	s 🗆	No					
Are you Employed? Yes No If yes, where?				Type of Worl	ζ			
Number of Hours per Week:		How	long ha	ve you worked at this	job?			
Marital Status : ☐ Single	☐ Married	□ Di	ivorced	☐ Widowed	☐ Separated			
Name of SpouseFirst	M	т		Last				
Name of Dependent C		.1			of Dependent C	hild(re	n)	1.
(0-18 yrs.)			Age	(0-18 yrs.)				Age
	RES	SIDE	NCE IN	 NFORMATION				
Rent: yes or no Own: yes or no			T			meless: yes or	no	
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 / l	Health Insuran	ice	\$	
TOTAL MONTHLY INCOME AND ASSETS	\$			Minimum Monthly Credit Card Payment		\$		
				TOTAL MONTH	ILY EXPENSE	s	\$	

COMPLETE SECTION A OR SECTION B ONLY								
SECTION A: Administered Oath Before the clerk of the court or Notary Public								
I swear under penalty of perjury that the foregoing is true and correct.								
Defendant's printed name								
Defendant's signature								
Sworn and subscribed to by	(Defendant)							
on this day of, 20	,							
Clerk of the Justice Court or Notary Public Signature Date								
Section B: Unsworn Declaration by Defendant								
My name is, my date of birth is								
(First Name) (Middle Name) (Last Name) My address:								
,								
City State I declare under penalty of perjury that the foregoing is true and correct.	Zip Code							
Executed in County, State of Texas, on the day of	,							
Month	(Year)							
JUDICIAL SECTION ONLY								
□ APPROVED □ DENIED								
Justice of the Peace, Precinct Five Date								