

DEFENDANT'S FINANCIAL AFFIDAVIT OF INDIGENCE

Taylor Cty. S.O. # _____

1. CASE# _____ OFFENSE: _____
2. CASE# _____ OFFENSE: _____
3. CASE# _____ OFFENSE: _____
4. CASE# _____ OFFENSE: _____
5. CASE# _____ OFFENSE: _____
6. CASE# _____ OFFENSE: _____

***My Full legal name is _____ Other names I have used _____

My age is _____ My D.O.B is ____/____/____ My DL # is _____ State _____ **I SPEAK ENGLISH (Check One) YES ___ or NO ___**

Names and relationships of those persons living with me; or that are dependent on me---are listed below.

Name	Relationship	Age	Name	Relationship	Age
1.			5.		
2.			6.		
3.			7.		
4.			8.		

I live at _____ (Street) in _____ (City) in _____ (State) _____ (Zip Code) House, Apt, Condo.

My phone # is (____) _____ My alternate phone number is (____) _____

I am **(Check One)** _____ Employed or _____ **NOT** employed. My employer's name is _____

My employer's address is _____ My work phone # is (____) _____

Other Employment info _____

Are you currently receiving? (Check all that apply)		MY INCOME: Which I receive MONTHLY	AMOUNTS
<input type="checkbox"/> Food Stamps <input type="checkbox"/> TANF		Take Home Pay	
<input type="checkbox"/> Medicaid <input type="checkbox"/> SSI		Spouse, fiancé, girl/boyfriend or partner (Income) <u>available to me</u>	
<input type="checkbox"/> Public Housing <input type="checkbox"/> Social Security		Investment Income	
EXPENSES: I HAVE EACH MONTH	PAYMENTS	Rental Income	
Rent or Mortgage Payment		Pension Payments	
Vehicle(s) Payment(s)		Unemployment Benefits	
Insurance (Homeowner's, Life, Health, Vehicle, Dental)		Social Security Benefits	
Child Care		Child Support	
Child Support, which YOU PAY		TANF	
Electricity, Water, Gas, Cable, Satellite TV---Total→		SSI—Supplemental Security Income	
Landline Telephone, cellular phone and/or pager		Medicaid	
Food, gasoline, furniture rental		Total of Cash amount you have on hand and/or in a bank account	
Prescriptions or other monthly Medical costs		Other monthly incomes (List them)	
Monthly Rent-to-Own costs; like (Furniture, etc.)			
Loans (Student, Pay Day) and Debt Payments		TOTAL MONTHLY GROSS INCOME	
Credit Card Debt (List name of cards)			
\$ _____ Account Balance: Monthly Payment→			
\$ _____ Account Balance: Monthly Payment→			
Other Monthly Expenditures (Describe)			
TOTAL MONTHLY EXPENSES			

VALUE OF REAL ESTATE I OWN---less the amount I owe is \$ _____ Value of car(s) I own---less the amount I owe is \$ _____

I am currently: **(Check One)** In jail since: _____ or I am out on Bond. **(Circle One)** Cash Personal Bondsman or CSR

I am currently on a **MENTAL HEALTH** caseload or I have an application pending: **(Check one)** YES NO

I **(Circle One)** Have OR **Have NOT** ATTEMPTED to hire an attorney in this case. Name of Attorney _____

I understand that any and all information can be verified, and I have authorized the court to do so. "I swear or affirm that the above information and facts I have provided for the court are within my personal knowledge and are true and correct. I understand that if I intentionally or knowingly give false information either in this affidavit or during any hearing on my financial status, that I may be prosecuted for aggravated perjury and if convicted, be sentenced to serve up to ten (10) years in the penitentiary."

Defendant's Signature Here (After Oath is Given) _____

SUBSCRIBED and SWORN to before me this date (month) _____ on the (day) _____ 201__.

DATE RECEIVED: ____/____/____
DATE APPOINTED: ____/____/____
DATE DENIED: ____/____/____
ATTORNEY: _____

JUDGE'S SIGNATURE / IDC SIGNATURE:

- Deputy District Clerk
- Deputy County Clerk
- Notary Public

- Court's Bailiff/Deputy Constable
- Indigent Defense Official
- Magistrate

(Official's Signature Here)