

# INDIGENCY AFFIDAVIT – JUSTICE COURT CRIMINAL CASE

Case No. \_\_\_\_\_

State of Texas

vs.

Defendant Name (Printed)

**THIS PORTION TO BE COMPLETED BY DEFENDANT**

Name _____			Date of Birth _____ / _____ / _____	
First Name	MI	Last Name		
Address _____ Street		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				
I attached proof of my government assistance <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.)	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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<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	\$ _____
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>\$ _____</b>	Minimum Monthly Credit Card Payment	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>			<b>\$ _____</b>

**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.

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Defendant's printed name

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Defendant's signature

Sworn and subscribed to by \_\_\_\_\_  
(Defendant) on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

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Clerk of the Justice Court or Notary Public Signature

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Date

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**Section B: Unsworn Declaration by Defendant**

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

My address:

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\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

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)

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Defendant's Signature

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**JUDICIAL SECTION ONLY**

- APPROVED  
 DENIED

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Justice of the Peace, Precinct 3

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Date