

**APPLICATION FOR COURT APPOINTMENT OF ATTORNEY (Affidavit of Indigence)**

CID No. \_\_\_\_\_

Cause No. \_\_\_\_\_

Defendant Name \_\_\_\_\_

Offense Charged \_\_\_\_\_

**PRINT YOUR RESPONSES CLEARLY. FILL IN ALL BLANKS. If you do not follow these instructions completely, your request for a court appointed attorney may be denied. All responses must be complete, current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the felony offense of aggravated perjury. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). If you do not know the information being asked, answer "do not know." If the requested information being asked does not apply to you, answer "n/a".**

**PERSONAL INFORMATION**

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Spouse/Intimate partner \_\_\_\_\_ # of Dependents \_\_\_\_\_ Their ages \_\_\_\_\_

**EMPLOYMENT**

Your Employer \_\_\_\_\_ Number of Hours Worked \_\_\_\_\_ per \_\_\_\_\_ (week/month)  
Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month)

Spouse's Employer \_\_\_\_\_ Number of Hours Worked \_\_\_\_\_ per \_\_\_\_\_ (week/month)  
Pay Rate \$ \_\_\_\_\_ per \_\_\_\_\_ (hour/week/month)

\*If Unemployed: Length of time unemployed \_\_\_\_\_ Previous Employer \_\_\_\_\_

**MONTHLY Income**

**MONTHLY Expenses**

Take Home Pay	\$	Rent/mortgage	\$
Spouses' Take Home Pay	\$	Car Payment	\$
Retirement	\$	Credit Cards	\$
Unemployment	\$	Gas/electric	\$
Child Support	\$	Water	\$
Social Security	\$	Food	\$
SSI (disability)	\$	Telephone	\$
Medicaid	\$	Insurance (Car/home)	\$
Food Stamps	\$	Child Care/child support	\$
Public Housing	\$	Cable/satellite TV	\$
Rental Income	\$	Cell Phone/pager	\$
Other Income	\$	Other Expenses	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

**ASSETS**

Do you own a house or real estate?  Yes  No Location of Property \_\_\_\_\_ Value of property: \$ \_\_\_\_\_

Do you own a car, boat, or motorcycles?  Yes  No Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_

Checking account location \_\_\_\_\_ Balance \$ \_\_\_\_\_ Savings account location \_\_\_\_\_ Balance \$ \_\_\_\_\_

Other Assets (jewelry, equipment, etc.) \_\_\_\_\_ Value \$ \_\_\_\_\_ **Total Value of Assets \$ \_\_\_\_\_**

By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

✓ \_\_\_\_\_  
Defendant

Subscribed and sworn to before me on \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public for Anderson County, Texas

Defendant's application is  GRANTED (indigent) /  DENIED (not indigent) /  DENIED (improperly submitted)

Signed on \_\_\_\_\_, 2019.

\_\_\_\_\_  
Indigent Defense Coordinator / Judge Presiding