

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

No. _____

The State of Texas

In the Rockdale Municipal Court

vs.

Rockdale, Milam County, Texas

Offense: _____

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in ALL blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.



Defendant's Personal Information

Name					
Phone Number					
Street Address					
City, State, Zip					
Mailing Address					
City, State, Zip					
Social Security #					
Driver's License #					
Date of Birth					
Marital Status	Single	Married	Divorced	Widowed	Separated
Name of Spouse					
Spouse SS#					

Dependents:

Name(s) (list below):	Age	Relation	Income

Are you currently in jail or in a correctional institution?

No

Yes If yes, provide name of institution:

Are you currently residing in a mental health facility?

No

Yes If yes, provide name of facility:

Do you have an application pending at a mental health facility?

No

Yes If yes, provide name of facility

Employer Information	
Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	____ per week or ____ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	____ per week or ____ per month
Pay rate	

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Defendant's Financial Information

Public Assistance	
Are you currently receiving (check all that apply):	
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Public housing	<input type="checkbox"/> Supplemental Security Disability Insurance (SSDI)
<input type="checkbox"/> Other:	

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car, Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Balance: \$ _____	
Balance: \$ _____	
Credit Card Debt (list name of cards)	
Balance: \$ _____	
Balance: \$ _____	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Income (Monthly)	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
SSDI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS MONTHLY INCOME	

Assets

Asset	Value		
A. Place of Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own Describe if house, condominium, apartment, other:	\$		
B. Real Property Owned; Description/Location:	\$		
C. Automobile(s)			
Make	Model	Year	\$
Make	Model	Year	\$
Make	Model	Year	\$
D. Stock and Bonds (provide description)			
			\$
			\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)			
			\$
			\$
			\$
F. Bank Accounts			
Bank Name	Type of Account	Balance	\$
		\$	
		\$	
		\$	
		\$	
G. Other Assets (Identify)		VALUE	
		\$	
		\$	
ASSETS TOTAL VALUE		\$	

Other financial considerations I want the Court to know:

By signing my name below, I swear that all of the above information about my financial condition is **current, accurate, and true**. I understand that intentionally or knowingly giving false information may result in my prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000.00).

Defendant's Signature

SWORN TO and SUBSCRIBED before me by _____ on this ____ day of _____, 20____.

(seal) _____

Notary Public or Court Clerk

VERIFICATION AGREEMENT

I DO / DO NOT (circle one) authorize the Court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the Court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the Court.

Defendant's Signature

SWORN TO and SUBSCRIBED before me by _____ on this ___ day
of _____, 20____.

(seal)

Notary Public or Court Clerk

MY EMPLOYMENT INFORMATION:

JOB TITLE: _____
EMPLOYER'S NAME: _____
EMPLOYER'S ADDRESS: _____
SUPERVISOR'S NAME: _____
WORK PHONE: _____
HOURS OF WORK: _____
PAY RATE: _____

MY FINANCIAL INFORMATION:

NAME OF FINANCIAL INSTITUTION: _____
ACCOUNT NUMBER: _____
BALANCE: _____

SIGNATURE OF EMPLOYEE/PERSON
SUBJECT TO FINANCIAL INFORMATION

DATE