

# Taylor County APPLICATION FOR COURT APPOINTED ATTORNEY (Affidavit of Indigence)

(Criminal Cases)

1. CASE# \_\_\_\_\_ OFFENSE: \_\_\_\_\_ Taylor County. S.O. # \_\_\_\_\_  
 2. CASE# \_\_\_\_\_ OFFENSE: \_\_\_\_\_  
 3. CASE# \_\_\_\_\_ OFFENSE: \_\_\_\_\_  
 4. CASE# \_\_\_\_\_ OFFENSE: \_\_\_\_\_  
 5. CASE# \_\_\_\_\_ OFFENSE: \_\_\_\_\_

My Full Legal Name is: \_\_\_\_\_ Other Names I Have Used: \_\_\_\_\_  
 My Age is: \_\_\_\_\_ My D.O.B. is: \_\_\_\_/\_\_\_\_/\_\_\_\_ I SPEAK ENGLISH (Check One) YES \_\_\_ or NO \_\_\_

## Names of Spouse & Children - Also List Any Other Persons Residing in Your Current Household:

Name	Lives With You?	Relationship	Age	Name	Lives With You?	Relationship	Age
1.	Yes No			5.	Yes No		
2.	Yes No			6.	Yes No		
3.	Yes No			7.	Yes No		
4.	Yes No			8.	Yes No		

I Live At: \_\_\_\_\_ (Street) In \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) House, Apt, Condo.  
 My Phone # is (\_\_\_\_) \_\_\_\_\_ My Alternate Phone Number is (\_\_\_\_) \_\_\_\_\_ (Circle One Above)  
 My Employer's Name: \_\_\_\_\_ Employer's Address: \_\_\_\_\_  
 If Not Employed, When Was the Last Day You Worked? \_\_\_\_\_ Where Did You Work? \_\_\_\_\_  
 Other Employment Info: \_\_\_\_\_

Are You, Your Spouse or Children Now Receiving?	MY INCOME: Which I receive MONTHLY	AMOUNTS
____ Food Stamps      ____ TANF	Take Home Pay (Income)	
____ Medicaid/Medicare      ____ SSI	Spouse, Fiancé, Partner (Income)	
____ Public Housing      ____ Social Security	Investment Income	
<b>EXPENSES: I HAVE EACH MONTH</b>	<b>PAYMENTS</b>	
Rent or Mortgage Payment	Rental Income	
Vehicle(s) Payment(s)	Pension Payments	
Insurance (Homeowner's, Life, Health, Vehicle, Dental)	Unemployment Benefits	
Child Care	Social Security Benefits	
Child Support, which YOU PAY	Child Support	
Electricity, Water, Gas, Cable, Satellite TV---Total→	TANF	
Landline Telephone, Cellular Phone	SSI—Supplemental Security Income	
Food/Gasoline	Other Monthly Incomes (Describe)	
Prescriptions or Other Monthly Medical Costs	<b>TOTAL MONTHLY INCOME \$</b>	
Monthly Rent-to-Own Costs (Furniture, Etc.)		
Loans (Student, Pay Day) and Debt Payments	<b>TOTAL CASH YOU HAVE IN BANK ACCOUNTS OR ON HAND →→</b>	
Credit Card Debt (List Name of Cards)	ALL BLANKS MUST BE COMPLETED	
\$ _____ Account Balance: Monthly Payment→	(This space for Office use Only)	
Probation/Parole Payments		
Other Monthly Expenditures (Describe)		
<b>TOTAL MONTHLY EXPENSES</b>		

Do You Own/Buying Any Real Estate? \_\_\_\_\_ Value: \$ \_\_\_\_\_ Do You Own/Buying Any Vehicles? \_\_\_\_\_ Value: \$ \_\_\_\_\_  
 I Am Currently (Check One Box)  In Jail Since: \_\_\_\_\_ or  I Am Out on Bond. (Circle the Type) (Cash) (Personal) (Bondsman) or (CSRP).  
 I Am Currently on a MENTAL HEALTH Caseload or I Have an Application Pending: (Check One)  YES  NO

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."

NOTARY SEAL HERE

Defendant's Signature Here \_\_\_\_\_  
 SUBSCRIBED and SWORN to before me on this date: (Month) \_\_\_\_\_ on this (Day) \_\_\_\_\_ and on this (Year) 20\_\_\_\_.

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE APPOINTED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DATE DENIED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ATTORNEY: \_\_\_\_\_  
 \_\_\_\_\_  
 JUDGE'S SIGNATURE / IDC SIGNATURE: \_\_\_\_\_

- Indigent Defense Official  
 Deputy District Clerk  
 Notary Public

\_\_\_\_\_  
 (Official's Signature Here)  
 Court Administrator  
 Court Bailiff/Deputy Constable  
 Magistrate
- (Revised October 2019, DWW, SM)