**AFFIDAVIT OF INDIGENCE**

***This section is to be filled out by Court Personnel***

Cause #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In the Justice Court

The State of Texas Upton County, PCT #\_\_\_\_\_\_\_

 Vs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. 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.**

|  |
| --- |
|  **DEFENDANTS PERSONAL INFORMATION** |
| Name |  |
| Phone Number |  |
| Street Address |  |
| City, State, Zip |  |
| Driver’s License # |  |
| Date of Birth |  |

Are you currently in jail, a correctional institution, or a mental health facility? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_ No

 If yes, provide the name of the instution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am: \_\_\_\_\_\_\_\_\_\_\_\_\_ Married \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Divorced

Number of Dependents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently receiving (check all that apply):

\_\_\_\_\_ Food Stamps \_\_\_\_\_Medicaid \_\_\_\_\_\_\_Public housing \_\_\_\_\_\_\_\_Temporary Assistance to Needy Families (TANF) \_\_\_\_\_\_\_\_\_\_ SSI

|  |
| --- |
| **EMPLOYER INFORMATION (If unemployed, write unemployed in employer box and leave other lines blank)** |
| Employer |  |
| Phone Number |  |
| Street Address |  |
| City, State, Zip |  |
| Hours worked | \_\_\_\_\_\_\_\_ # per week or \_\_\_\_\_\_\_\_\_# per month |
| Pay rate | \_\_\_\_\_\_\_\_\_\_ per hr \_\_\_\_\_\_\_\_\_\_\_ biweekly \_\_\_\_\_\_\_\_\_\_\_\_\_ monthly  |
| Spouses Employer |  |
| Street Address |  |
| City State Zip |  |
| Hours worked | \_\_\_\_\_\_\_\_ # per week or \_\_\_\_\_\_\_\_\_# per month |
| Pay rate | \_\_\_\_\_\_\_\_\_\_ per hr \_\_\_\_\_\_\_\_\_\_\_ biweekly \_\_\_\_\_\_\_\_\_\_\_\_\_ monthly |

**DEFENDANT’S FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Expenses (Monthly) | Monthly Payment |
|  Rent or Mortgage Payment |  |
| Car Payment |  |
| Insurance (Life, Health, Car, etc) |  |
| Child care |  |
| Child Support |  |
| Utilities (Water, Gas, Phone, TV, electricity, etc) |  |
|  |  |
| Food |  |
| Clothes |  |
| Medical |  |
| Loan and Debt Payments |  |
| Credit Card Payments |  |
| Other Monthly Expenses |  |
| **Total Monthly Expenses (add all numbers above together)** |  |

|  |  |
| --- | --- |
| Income (Monthly) | Monthly Amount |
| Take Home Pay from Job |  |
| Spouse’s Take Home Pay from Job |  |
| Investment Income (Stocks, Bonds, Retirement, etc) |  |
| Rental Income |  |
| Unemployment |  |
| Social Security Benefits (regular or disability) |  |
| Child Support |  |
| Public Assistance (TANF, Medicaid, other) |  |
| Cash Gifts |  |
| Other Income |  |
|  |  |
|  |  |
| **Total Monthly Income (add all numbers above together** |  |

**ASSETS**

|  |  |
| --- | --- |
| **Asset** | **Value** |
| Place of Residence \_\_\_\_\_\_\_\_Rent \_\_\_\_\_\_\_\_\_\_\_ Own | $ |
| Real Property owned such a land or rental properties. List the addresses | $$$ |
| AutomobilesMake Model YearMake Model YearPlease deduct amounts owed from the value | $$ |
| Stocks and Bonds (provide a description) | $$ |
| Other Property of value: (jewelry, equipment, watercrafts, etc) | $$ |
| Bank Accounts:Name Type of Account Name Type of Account | Balance $Balance $ |
| Other Assets: |  |
| **Assets Total Value (add all numbers above together** |  |

**CERTIFICATION**

I hereby certify, under penalty of perjury, that the above information is correct to the best of my knowledge. I understand that I have been charged with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and the total amount due is $\_\_\_\_\_\_\_\_.

I enter a plea of **GUILTY / NO CONTEST** to the above mentioned charges. (**PLEASE CIRCLE YOUR PLEA)**

I am requesting the following:

\_\_\_\_\_\_\_\_ That I be allowed to perform community service in lieu of paying my fines and court costs due to indigence.

\_\_\_\_\_\_\_\_ That my court costs and fines be waived due to indigence. I am unable to perform community service in lieu of my fines and court costs for the following reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if either option is approved by the judge, a conviction will be entered onto my record for the charge as set out above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendants Signature

SUBSCRIBED and SWORN before me, the undersigned authority, this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for the State of Texas

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The defendant is hereby found to **be / not** **be** indigent. The defendant will **need / not need to** perform community service to satisfy their fines and court costs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUDGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JUSTICE OF THE PEACE, PCT. \_\_\_\_

UPTON COUNTY, TEXAS