

# 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 institution \_\_\_\_\_

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	
<b>Total Monthly Expenses (add all numbers above together)</b>	

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	
<b>Total Monthly Income (add all numbers above together)</b>	

**ASSETS**

Asset	Value
Place of Residence _____ Rent _____ Own	\$
Real Property owned such a land or rental properties. List the addresses	\$ \$ \$
Automobiles	
Make                      Model                      Year	\$
Make                      Model                      Year	\$
Please 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	Balance \$
Name    Type of Account	Balance \$
Other Assets:	
<b>Assets Total Value (add all numbers above together)</b>	

**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 my amount due is \_\_\_\_\_.

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