AFFIDAVIT OF INDIGENCY

This section to be filled out b	y Court Personnel		
Name:			_
Offense(s):			
In the	_ Court of Grayson County	No(s)	

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			
Social Security #			
Driver's License #			
Date of Birth			
Name of Spouse			

I am responsible for the following people <i>and/or</i> I live in the household of the following people.			
Name(s) (list below):	Age	Relation	Income

OTHER THAN MY ARREST CHARGE(S), I have charges pending or am on probation in the				
following counties:				
Charge	County	Bond		
	· •			
I previously had a court appointed attorney in Grayson County				
No				
Yes If yes, provide nar	ne of attorney(s):			
Charge(s):	·			
_				

I have / have not (circle one) attempted to hire an attorney for my current charge(s). The names of the attorneys I have contacted are as follows:

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	

|--|

Payment Car Payment Car Payment Car Payment Car Payment	Are you currently receiving (check	all that ap
Car Payment nsurance (Life, Health, Car,		
nsurance (Life, Health, Car,	Food Stamps	
	Medicaid	
	Public housing	
Iomeowners, etc.)	Temporary Assistance to Needy Families (TA	
Child Care	remporary Assistance to Reedy Painnes (IP	
Child Support		
Vater	Income (Monthly)	Mon
Jas		Amo
Telephone	Take Home Pay	
llectricity	Other Member of Household	
Good	Take Home Pay	
Clothes		
Aedical	Unemployment	
Cable TV or Satellite TV	Social Security Benefits	
ager	Child Support	
Cell Phone	Public Assistance	
oan and Debt Payments	Food Stamps	
Outstanding Loans (list type of Loans)	TANF	
	SSI	
	Medicaid	
Credit Card Debt (list name of cards)	Other	
Balance:	Cash Gifts	
Balance:	Other (Describe)	
Balance:		
Dther Monthly Expenditures (Describe)	TOTAL GROSS MONTHLY	
Sher Montiny Experiatures (Describe)	INCOME	

Assets			
Asset			Value
	A. Place of Residence Rent Own Describe if house, apartment, mobile home, other:		\$
B. Real Property Ow	ned; Description/Location/	n:	\$
C. Automobile(s)			
Make	Model Y	ear	\$
Make	Model Y	ear	
			\$
D. I have the following	ing cash:		
			\$
In Jail: \$ At Home: \$			
E. Other Property (list all equipment, boats, motorcycles, etc.)			
			\$
F. Bank Accounts			
Bank Name	Type of Account	Balance	
		\$	
		TOTAL ASSETS	\$

PLEASE READ EACH STATEMENT CAREFULLY AND PLACE YOUR INITIALS ON THE LINE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENTS.

- 1. _____ I swear under oath that none of the people I have listed have the resources or are willing to finance my representation.
- 2. _____ I understand that I will be subject to an investigation and or questioning by a Judge or Court official regarding this affidavit.
- 3. _____ If my finances improve, I am required to notify the Court.
- 4. _____ I understand that I am subject to felony prosecution for any misrepresentation on the application and that if I fill out this form incorrectly that it can result in refusal of attorney.
- 5. _____ I may be ordered to reimburse the County for attorney fees.

On this _____ day of _____, 20 ____, I have been advised by the Magistrate of Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

Defendant's Signature

SUBSCRIBED and SWORN to before me, on this _____ day of _____, 20____

Notary Public or Magistrate / Texas

ORDER FINDING INDIGENCY

Upon reviewing this application, the Court finds that indigency has been established and appoints _______, a practicing attorney, to represent and serve as attorney for the above named defendant.

Presiding Judge

Date

ORDER OF APPOINTMENT AND REQUIREMENT TO RE-PAY GRAYSON COUNTY

Upon reviewing this application, the Court finds that the defendant is unable to hire an attorney and appoints _______, a practicing attorney, to represent and serve as attorney for the above named defendant. The Court further orders that the defendant is responsible to repay the County any attorney fees expended on behalf of the defendant.

Presiding Judge

Date

ORDER DENYING REQUEST

Upon reviewing this application, the Court finds that the defendant is able to hire an attorney. The Court further orders the request for Court Appointed Attorney **DENIED** and the defendant be ordered to retain an attorney.

Presiding Judge

Date

This section to be filled out by Court Personnel