

CAUSE NO(S)/COMPLAINT NO(S). _____

DEFENDANT'S NAME: _____ MTR _____ PUNISHMENT LEVEL _____

CHARGES: _____

CORYELL COUNTY AFFIDAVIT OF INDIGENCE

D. O. B. _____ Address: _____
SSN #: _____ DL# _____ Phone No. _____
Current Employer: _____ Occupation: _____

Size of Family Unit (Members of immediate family that you support financially -List name, age & relationship)

Name:	Age:	Relationship:	Name:	Age:	Relationship:

Please fill in each blank with the appropriate amount

Monthly Income		Necessary Monthly Expenses		Non-exempt Assets	
Your Salary/Take Home Wages		Rent/Mortgage		Cash on Hand	
Spouses's Salary (Parents' if defendant is under 18)		Vehicle: Yr.: Make: Model:		Value of Stocks and Bonds	
SSI/SSDI		Car Payment		Amount in Checking	
AFDC		Car Insurance		Amount in Savings	
Social Security Check		Utilities (gas, electric, etc.)		House (Equity)	
Child Support		Clothes/Food		Real Estate	
Other Government Check		Day Care/Child Care		Automobiles	
Other Income		Health Insurance		Motorcycles/ATV(s)	
		Medical Expenses		Livestock	
		Credit Cards		Other Assets:	
		Court Ordered Fines/Fees			
		Child Support			
TOTAL INCOME:	\$	TOTAL EXPENSES:	\$	TOTAL ASSETS	\$

I have been advised of my right to representation by counsel in the trial of the charges pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the Court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the Court of changes of my financial situation.

_____ Date _____ Defendant's Signature

*****STAFF USE ONLY BELOW*****

NET INCOME (Total Income less Total Expenses)	\$ _____
DEFENDANT MEETS ELIGIBILITY REQUIREMENTS:	_____ YES _____ NO _____ PARTIALLY _____ UNDETERMINED

It appearing to the Court that the above named defendant is indigent or partially indigent and has executed an affidavit requesting the appointment of counsel, it is therefore ordered that the attorney named below is appointed to represent the above named defendant.

ATTORNEY APPOINTED: _____

Address and Telephone # : _____

It is further ordered that this case is set for arraignment/appearance on _____, 20__ at _____ a. m/p. m. The defendant will contact said attorney immediately if not incarcerated and the defendant and the above attorney will be present and prepared for said hearing.

Signed on _____, 20__ _____

Indigent Defense Coordinator