\$ \$ \$ \$ \$

THE STATE OF TEXAS

v.

#### IN THE JUSTICE COURT

PRECINCT NO. 1

COOKE COUNTY, TEXAS

AFFIDAVIT OF INDIGENCY							
YOUR INFORMA	ΓION						
My full legal name is	s:						
My home address is:							
My mailing address	is:						
My phone number is:				My date of birth is:			
I am under the ag	ge of 1	9 or a person required to	attend school	full time under	\$25.085 Ed	ucation Code.	
PUBLIC BENEFIT	<u>'S</u>						
I do not receive r	needs-ł	based public benefits.	– or –				
I receive these pu	ublic b	enefits/government entitl			igency: (Che	eck ALL that apply.)	
Food sta	amps/S		Medica			SSI WIC	
AABD		Public Housing or		e	Low-Incom	e Energy Assistance	
Other:	are As	sistance Grant	Needs-base	d VA Pension			
HOUSEHOLD IN	COMI	F					
There are a total of	com	people in my household	(including my	uself) They are			
There are a total of	Na	ime	(including in	Age		ionship to Me	
1.				U		Ĩ	
2.							
3.							
4.							
5.							
My monthly househousehousehousehousehousehousehouse	old inc	ome includes:					
	in monthly wages. I am employed by .						
	in monthly unemployment. I have been unemployed since .						
	in public benefits per month.						
	from other people in my household each month.						
	in	Retirement/Pension Worker's Comp Dividends, interest, roy	alties	Tips, bonuses Social Security Child/spousal s		Disability Military Housing	
	in payments made on my behalf by relatives or other individuals, and gifts of cash or goods received from others. ( <i>ex: rent/insurance payment/etc.</i> )						
	from o	other sources. (Describe)					
	is my	total monthly household	l income.				

PROPERTY		EXPENSES			
My property includes: Cash	Value*	My monthly expenses are: Rent/house payments	Amount		
Bank accounts and other financial asse	ets:	Food and household supplies			
		Utilities and telephone			
		Clothing and laundry			
		Medical and dental expenses			
Vehicles - cars, boats, etc. (include me	ake & year)	Insurance (life, health, auto)			
		School and child care			
		Transportation, gas			
		Child/Spousal support			
Other property (ex: jewelry, stocks, lan	<i>id, etc.)</i>	Debt payments made to: (List)			

# **Total value of property:**

## **Total Monthly Expenses:**

\*The value is the amount the item would sell for (ex: garage sale value minus the amount owed, if anything.

Other facts explaining your financial situation:

What days and hours do you work each week?

Is there any reason that you would be unable to perform community service?

### DECLARATION

I HEREBY STATE UNDER OATH THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

DEFENDANT

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SWORN AND SUBSCRIBED before me on

### JUDGE OR COURT CLERK

*NOTE: In order for the Court to make a determination regarding your ability to pay, please bring this completed form to your hearing, along with any supporting documentation you wish for the court to consider. (ex: pay stubs, W-2, tax returns, evidence of government assistance, etc)* 

SURCHARGES: Please notify the Court if you are or will be required to pay surcharges to Texas DPS as a result of this conviction. You may be eligible for a waiver of those surcharges if the Court finds you indigent.