

STATE OF TEXAS

§

COUNTY OF MIDLAND

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**AFFIDAVIT OF INDIGENCE**

The undersigned makes this affidavit for the purpose of having an attorney appointed to represent the undersigned.

**THIS INFORMATION IS FURNISHED TO THE COURT UNDER PENALTY OF PERJURY.**

**NAME:** \_\_\_\_\_

**CAUSE NUMBER:** \_\_\_\_\_

**1. Basis for Indigency:** I am unable to employ an attorney to represent me in this case because:

\_\_\_\_\_ I am presently receiving a government entitlement based on indigency, to wit:

Food Stamps	_____	Public Assistance(AFDC)	_____
Medicaid	_____	Housing Subsidy(HUD)	_____

\_\_\_\_\_ I have no ability to employ an attorney based on the facts set forth below.

**2. Employment Information**

\_\_\_\_\_ I am not presently employed. The last time I was employed was \_\_\_\_\_ I quit/was fired from that job because \_\_\_\_\_

\_\_\_\_\_ I am employed. I work for:

\_\_\_\_\_  
NAME OF EMPLOYER

\_\_\_\_\_  
ADDRESS

**Job Description:** \_\_\_\_\_

**I am Paid: (Show gross income before deductions)**

**Hourly:** \$ \_\_\_\_\_ per hour. I work \_\_\_\_\_ hours per week.

**Weekly:** \$ \_\_\_\_\_ each week.

**Biweekly:** \$ \_\_\_\_\_ every two weeks.

**Monthly:** \$ \_\_\_\_\_ per month.

**3. Income From Sources Other Than Employment**

\_\_\_\_\_ I have no income which is derived from sources other than employment.

\_\_\_\_\_ I have income derived from sources other than employment, as follows, i.e., interest, dividends, annuities, alimony, child support, etc.

**TYPE OF INCOME**

**AMOUNT**

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

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

**4. Spouse's Income**

\_\_\_\_\_ My spouse has no income.

\_\_\_\_\_ My spouse's income is not available to me. Reason:

\_\_\_\_\_ My spouse has income as follows:

**TYPE OF INCOME**

**AMOUNT**

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

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

**5. Property**

AFFIDAVIT OF INDIGENCE

\_\_\_\_\_ I own no property and have no interest in any property.  
 \_\_\_\_\_ I own the following property or have an interest in the following property:

**Real Estate:** \_\_\_\_\_  
**Motor Vehicle(s):** \_\_\_\_\_  
**Stocks/Bonds:** \_\_\_\_\_  
**Cash On Hand:** \_\_\_\_\_  
**Other:** \_\_\_\_\_

**6. Bank Accounts**

NAME OF BANK	TYPE OF ACCOUNT	BALANCE
_____	Checking	\$ _____
_____	Savings	\$ _____
_____	Other: _____	\$ _____

**8. Debts**

\_\_\_\_\_ I have no debts.  
 \_\_\_\_\_ I have the following debts:

CREDITOR	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**9. Monthly Living Expenses**

Rent/House payment	\$ _____
Utilities (Gas, water and electric)	\$ _____
Medical	\$ _____
Health/life insurance	\$ _____
Telephone	\$ _____
Groceries	\$ _____

AFFIDAVIT OF INDIGENCE

Clothing \$ \_\_\_\_\_  
 Car Payment \$ \_\_\_\_\_  
 Gas and oil for car \$ \_\_\_\_\_  
 Child support paid \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_  
 Describe \_\_\_\_\_

I have been able to meet my expenses by \_\_\_\_\_

**10. Dependents**

\_\_\_\_\_ I have no dependents.  
 \_\_\_\_\_ I have the following dependents:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am without funds to employ an attorney to represent me. I verify that the statements made in this affidavit are true and correct.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**AFFIANT**

**Name Printed:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_  
 \_\_\_\_\_

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**Work Telephone Number:** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

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**NOTARY PUBLIC** in and for the State  
of Texas

**My Commission Expires:**

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