## HILL COUNTY AFFIDAVIT OF INDIGENCE

This section to be filled out	by Court Personne	el				
	No					
The State of Texas		In the		Court		
vs.						
				County		
Offense		Level of Offe	ense			
All information must be co or knowingly giving false i a felony. The punishment fine not to exceed ten th information being asked, apply to you, enter N/A in	information may r for aggravated pe lousand dollars (\$ enter DO NOT K	esult in your erjury include 610,000).    Ple	prosecutio s imprison ease fill in	n for the offense ment not to exce all blanks. If	of aggravated per eed ten (10) years a you do not know	rjury and a w the
	Defends	ant's Persona	l Informat	ion		
Name	Detenda	ant s i ci sona	i illioi illat	IOII		
Phone Number						
Street Address						
City, State, Zip						
Social Security #						
Driver's License #						
Date of Birth						
Name of Spouse						
Dependents:						
Name(s) (list below	r):		Age	Relation	Income	
Are you currently in	iail or in a correct	ional institutio	n?			
No	I juli of the a correct.	ionai matratro	11.			
	, provide name of in	netitution:				
1 cs	, provide name of n	istitution.				
Are you currently re	esiding in a mental	health facility	)			
No	esiding in a mentar	ilcartii raciiity	•			
	provide name of fe	ailitu				
Yes If yes	, provide name of fa	acinty:				
D 1	lianting 1	a	h for 1114 0			
Do you have an app	oncation pending at	a mentai healt	n racility?			
No	.1	*1*,				
Yes If yes,	provide name of fa	cility				



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		
TC 1 1 1' 4		
If unemployed, list:		
Length of time unemplo	oyed	
Name of previous empl	oyer	
Street Address of previo	ous employer:	
City, State, Zip		
	Defenda	nt's Financial Information

Public Assistance
Are you currently receiving (check all that apply)
Food Stamps
Medicaid
Public housing
Temporary Assistance to Needy Families (TANF)
Supplemental Security Income (SSI)

Expenses (Monthly)	Monthly Payment
Rent or Mortgage Payment	
Car Payment	
Insurance (Life, Health, Car,	
Homeowners, etc.)	
Child Care	
Child Support	
Water	
Gas	
Telephone	
Electricity	
Food	
Clothes	
Medical	
Cable TV or Satellite TV	
Pager	
Cell Phone	
Loan and Debt Payments	
Outstanding Loans (list type of Loans)	
Credit Card Debt (list name of cards)	
Balance:	
\$	
Balance:	
\$	
Other Monthly Expenditures (Describe)	
TOTAL MONTHLY EXPENSES	

Income (Monthly)	Monthly
	Amount
Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
TOTAL GROSS	
MONTHLY INCOME	

Assets		_
	Asset	Value
A. Place of Residence	Rent Own	\$
Describe if house, condomin	num, apartment, other:	
<b>B.</b> Real Property Owned;	Description/Location:	\$
C. Automobile(s) Make Model	V	
iviake iviodei	Year	\$
Make Model	Year	
		\$
Make Model	Year	
<b>D.</b> Stock and Bonds (provide	de description)	\$
D. Stock and Donds (provi	ie description)	\$
		*
		\$
C Other Droments (1' , 11'		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
		\$
		\$
E D 1 A		φ
F. Bank Accounts  Bank Name	Type of Account	Balance
Dalik Ivallie	Type of Account	\$
		\$
		\$
		\$
<b>G.</b> Other Assets (Identify)		VALUE
		\$
ASSETS TOTAL VALU	E	\$
on this day of epresentation by counsel in the moosing and I hereby request aformation about my financia		ed by the (CCL/66 <sup>TH</sup> District) Court of my right to me. I am without means to employ counsel of my on By signing my name below, I swear, that all of the arue. By signing below, I understand that a court off nine my eligibility.
Def	fendant's Signature	
	-	gent.
Def	-	igentSignature of Judge
This Court finds the defen	ndant IS / IS NOT indi	Signature of Judge hority, thisday of, 2

Clerk's Signature, Notary, Magistrate, or Peace Officer