

LOVING COUNTY, TEXAS

AFFIDAVIT OF INDIGENCE – JUSTICE COURT CRIMINAL CASE

Declaracion Jurada de Indigencia-Caso Penal de la Corte de Justicia

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

The State of Texas vs. Name: Nombre:	In the Justice Court Precinct No. 1-4 Place 1 Loving County, Texas
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Offense: Ofensa:	Interpreter required? Yes No <i>Se requiere interprete?</i> Si No
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Offense: Ofensa:	If yes, language required: <i>En caso afirmativo, idioma requerido:</i>
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Defendant Currently In:	Correctional Facility	Mental Health Facility	Neither
Demandado actualmente en:	Centro Correccional	Centro de Salud Mental	Ninguno de los dos

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT (ESTA PORCION DEBE SER COMPLETADA POR O CON EL DEMANDADO)

Name(Nombre) _____	Date of Birth/Fecha de Nacimiento _____
First Name (Primer Nombre) MI (Medio) Last Name(Apellido)	/ /

Address (Direccion) _____	City (Ciudad) _____	State (Estado) _____	Zip Code (Codigo Postal) _____
Street (Calle) _____			

Phone Numbers: _____	_____	_____
Numeros de Telefono: _____		

I receive: Medicaid SSI	Cell (Telefono Movil) SNAP TANF	Work (Trabajo) Public Housing
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Recibo: Medico SSI	SNAP TANF	Vivienda Publica
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Are you Employed?	Yes	No	If yes, where? _____	Type of Work _____
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Esta usted empleado?	Yes	No	Si si donde? _____	Tipo de trabajo _____
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Number of Hours per Week: _____	How long have you worked at this job? _____
Numero de horas por semana: _____ Cuanto tiempo has trabajado en este trabajo? _____	

Marital Status :	Single	Married	Divorced	Widowed	Separated
Estado Civil :	Soltero	Casado	Divorciado	Viudo	Separados

Name of Spouse(Nombre de la Esposa/Esposo) _____		
First (Nombre)	MI (Medio)	Last (Apellido)

Name of Dependent Child(ren) (0-18 yrs.) <i>Nombre de los hijos dependientes</i>	Age <i>(Edad)</i>	Name of Dependent Child(ren) (0-18 yrs.) <i>Nombre de los hijos dependientes</i>	Age <i>(Edad)</i>

RESIDENCE INFORMATION (INFORMACION DE RESIDENCIA)

Rent: Yes or No <i>Renta: Si o No</i>	Own: Yes or No <i>Propio: Si o No</i>	Reside with family: Yes or No <i>Residir con la familia: Si o No</i>	Homeless Yes or No <i>Vagabund: Si o No</i>
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LOVING COUNTY, TEXAS

MONTHLY INCOME AND ASSETS (<i>Ingresos y activos mensuales</i>)		MONTHLY EXPENSES (<i>Gastos Mensuale</i>)	
Net Pay (<i>Salario Neto</i>)	\$	Rent/Mortgage (<i>Alquiler/Hipoteca</i>)	\$
Spouse's Net Pay <i>Neto Del Conyuge</i>	\$	Utilities (Elec., Gas, Water) <i>Utilidades</i>	\$
Child Support (Received) <i>Manutencion de los hijos</i>	\$	Total Child Expenses (Including Child Support Paid) (<i>Gastos Totales Del Nino</i>)	\$
SNAP (Food Stamps) <i>Cupones de alimentos</i>	\$	Total Food Expenses (<i>Gastos totals de comida</i>)	\$
Social Security/Disability <i>Seguridad Social</i>	\$	Transportation Costs (<i>Costos de Transporte</i>)	\$
Other Government Check <i>Otro Cheque del Gobierno</i>	\$	Cell/home phone <i>Telefono Celular/ Residencial</i>	\$
Other Income (<i>Otros Ingresos</i>)	\$	Probation fees (<i>Honorarios de libertad condicional</i>)	\$
Assets (car, house, etc.) <i>Activos (coche, casa)</i>	\$	Medical Expenses / Health Insurance <i>Gastos Medicos/ Seguro Medico</i>	\$
TOTAL MONTHLY INCOME AND ASSETS (<i>Ingresos y Activos Mensuales Totales</i>)	\$	Monthly Credit Card Payment (<i>Pago Mensual Con Tarjeta De Credito</i>)	\$
		TOTAL MONTHLY EXPENSES <i>Gastos Mensuales Totales</i>	\$

ONLY **ONE SECTION** BELOW TO BE COMPLETED.

Administered Oath

(Clerk/Notary ONLY)

SUBSCRIBED and SWORN to before me, the undersigned authority, this _____ day of _____, 20____.

Clerk/Notary Public Signature Date

Unsworn Declaration by Defendant (Defendant ONLY)

My name is _____, my date of birth is _____.
(First Name) (Middle Name) (Last Name)

My address is _____, _____, _____, _____, _____.
(Street Number and Name) (City) (State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.
(Month) (Year)

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____