

CAUSE NO. \_\_\_\_\_

New Charge: \_\_\_\_\_

Immed. Capias: \_\_\_\_\_

Revocation: \_\_\_\_\_

THE STATE OF TEXAS

IN THE JUSTICE COURT

VS.

PCT. # \_\_\_\_\_

\_\_\_\_\_

DeWITT COUNTY, TEXAS

BEFORE ME, the undersigned authority, on this day personally appeared the defendant in this cause who after being by me duly sworn by penalty of perjury, on oath deposes and says as follows: **“I cannot afford to hire a lawyer and request the court appoint a lawyer for me. I declare the following information concerning my resources is true and correct”:**  
**REQUIRED: (PRINT CLEARLY – PLEASE PROVIDE CURRENT INFORMATION)**

Defendant’s Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Defendant’s Employer: \_\_\_\_\_ Employer’s Address: \_\_\_\_\_

**HOUSEHOLD INCOME:**

Your Take Home Pay: \$\_\_\_\_\_ Weekly \$\_\_\_\_\_ Bi-weekly \$\_\_\_\_\_ Monthly

Your Spouse/Significant Other:  
Take Home Pay: \$\_\_\_\_\_ Weekly \$\_\_\_\_\_ Bi-weekly \$\_\_\_\_\_ Monthly

**GOVERNMENT BENEFITS:** \_\_\_\_\_ Food Stamps \_\_\_\_\_ AFDC \_\_\_\_\_ WIC \_\_\_\_\_ SSI \_\_\_\_\_ OTHER (Medicaid)

**DEPENDENTS/CHILDREN:**

Number of Dependents: \_\_\_\_\_ Ages of Dependents/Children: \_\_\_\_\_

**ASSETS:**

Total cash on hand or on deposit anywhere: \_\_\_\_\_

Property Owned/Assets (example: cars, boats, motorcycles, etc.): \_\_\_\_\_

**EXPENSES (MONTHLY):**

Estimate of reasonable monthly living expenses: \_\_\_\_\_

**DEBTS:**

Creditor Name(s) and Amount(s): \_\_\_\_\_

Further affiant sayeth not:

\_\_\_\_\_  
Defendant’s Signature

Sworn to and subscribed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, witness my hand and seal of office; at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
JP Pct. # \_\_\_\_/Notary

**WAIVER TO RELEASE FINANCIAL/BENEFIT INFORMATION**

I, \_\_\_\_\_, do hereby authorize persons, organizations, or establishments having information or records concerning me/us (or) my/our circumstances, to furnish such information to a representative of the County of DeWitt. I hereby grant permission for the County of DeWitt to obtain information which may have a bearing on my/our eligibility for assistance. This release form is valid for six months after the date signed.

\_\_\_\_\_  
Signature