AFFIDAVIT OF INDIGENCE

his section to be filled o	out by Court Person	inel			
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he State of Texas		In the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Court	
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Offense	**************************************	Level of Off	ense		
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All information must intentionally or knowing aggravated perjury, not to exceed ten (10) you do not be	ngly giving false in a felony. The pu ears and a fine not know the informat	formation may nishment for a to exceed ten t ion being asked	result in ggravate housand I, enter I	your prosected perjury ince dollars (\$10,0 OO NOT KNO	ution for the of ludes imprison 00). Please fill
he information being a					
Name	Defendar	ıt's Personal In	formatio	1	Arrandon - construent - constru
Phone Number		The second secon			N. P. S.
Street Address		MANAGEMENT OF THE PROPERTY OF		PROPERTY OF THE PROPERTY OF TH	
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City, State, Zip		The second secon	,		
Social Security # Driver's License #		openia da de la califica Martin Constitución de la constitución de la constitución de la constitución de la cons			
Driver's License # Date of Birth					A STATE OF THE STA
Name of Spouse	NUMBELING POPULATION OF THE PROPERTY OF THE PR				
Dependents:					
Name(s) (list below)			Age	Relation	Income
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Are you currently in	iail or in a correction	nal institution?			
No	M				A Marianda - La labara a compular y a communicación y property a 1988/88/81/1995
Yes If yes,	provide name of ins	titution:			4
The state of the s	Поминиция и и дення помонення перед поста по тере помость Моссова	-			
Are you currently res	siding in a mental h	ealth facility?			
No					
Yes If yes,	provide name of fac	ilitý:			
- A New Control of the Control of th	The state of the s				
Do you have an appl	ication pending at a	mental health fa	cility?		
No					
Yes If yes, r	provide name of fac	ility			

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Adopted 11/15/06 – Task Force on Indigent Defense

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nployer			
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pervisor's Name			
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ity, State, Zip			
	ant's Financial In	£ was all an	
Detena	ant's Financiai in	10 FM ation	
Public Assistance		Income (Monthly)	Monthly
Are you currently receiving (check a	Il that apply)	income (monumy)	Amount
Food Stamps	II didi uppij	T-1- II Po-	Amount
Medicaid		Take Home Pay	
Public housing	A.V. samb-riv	Spouse's Take Home Pay	
Temporary Assistance to Needy F	omilies (TANE)	Investment Income	
·	i	Stock Dividend	
Supplemental Security Income	(221)	Bond Dividend	
Expenses (Monthly)	Monthly	Rental Income	
Expenses (Monumy)	Payment	Pension Payments	22.
Rent or Mortgage Payment		Unemployment	
Car Payment		Social Security Benefits	
Insurance (Life, Health, Car,		Child Support	
Homeowners, etc.)	The state of the s	Public Assistance	
Child Care		TANF	
Child Support		Secretary and the secretary an	
Water		SSI	.,
Gas	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Medicaid	
Telephone		Other	
Electricity		Cash Gifts	
Food		Other (Describe)	
Clothes			
Medical		TOTAL GROSS	
Cable TV or Satellite TV	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MONTHLY INCOME	
Pager		Land Control of the C	
Cell Phone		Model version 3, p. 2 of 4	
Loan and Debt Payments		Adopted 11/15/06 - Task Force on Indige	ent Defense
Outstanding Loans (list type of Loans)			
The second secon		•	
Credit Card Debt (list name of cards)			
Balance:			
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\$			
Balance:			
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TOTAL MONTHLY EXPENSES

Describe if house, condominium, apartment, other: S. Real Property Owned; Description/Location: S. Automobile(s) lake Model Year \$ lake	ssets		
Describe if house, condominium, apartment, other: i. Real Property Owned; Description/Location: i. Automobile(s) lake			
Automobile(s) lake	A. Place of Residence Describe if house, condomining		\$
lake	B. Real Property Owned; D	escription/Location:	\$
lake	C Automobile(s)		
Stock and Bonds (provide description) Stock and Bonds (provide description) S Cother Property (list all jewelry, equipment, watercrafts, etc.) S S Bank Accounts Bank Name Type of Account Balance S S Cother Assets (Identify) VALUE S SSETS TOTAL VALUE S SSETS TOTAL VALUE S SSETS TOTAL VALUE S S Ave / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as lows: Lithis day of		Year	\$
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VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

$\overline{A_{\Gamma}}$	pplicant's Signature				
SUBSCRIBED and SWORN to before me, the undersigned authority, this day of, 20					
	Clerk's Signature				
MY EMPLOYMENT INFORMATION	:				
JOB TITLE:					
EMPLOYER'S ADDRESS:					
SUPERVISOR'S NAME:					
WORK PHONE:					
Hours of Work:					
PAY RATE:					
My financial information:					
Name of Financial Institution	N:				
ACCOUNT NUMBER:					
Signature of Empl	LOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION				

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