## AFFIDAVIT OF INDIGENCE

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ate of Texas	In the		Court	
			County	
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ormation must be completed wingly giving false informat				
y. The punishment for aggrot to exceed ten thousand	ravated perjury includes dollars (\$10,000). Plea	imprisonme ase fill in all	nt not to exc l blanks. It	eed ten (10) yea f you do not k
ation being asked, enter Do to you, enter N/A in the blan	O NOT KNOW in the	blank. If th	e informatio	n being asked
	Defendant's Personal	Information		
Name				
Phone Number				
Street Address			and the state of t	
City, State, Zip				
Social Security #			eng nama na sasawa pan na namanana na sakada na na na ta 1984 na 1994 ti 1986 na	AND
Driver's License #	Pilota kalkili (Manada — n. m. da mena kalkila kala apinagan etgan sa mangapan na hayan angapan pana kalanda k			
Date of Birth			Annual Control of the	
Name of Spouse		**************************************		owners with written Artistate School School and Artistate School
Dependents:				
Name(s) (list below):		Age	Relation	Income
				and the special state of the special state of the special state of the special special state of the special state of the special special state of the special state of the special state of the special special state of the special state of the special special state of the special state of the special state of the special special state of the special state of the special special state of the special state of
Are you currently in jail or in	n a correctional institution	?		
No	n a correctional institution name of institution:	1?		
No Yes If yes, provide	name of institution:			
No	name of institution:			

If yes, provide name of facility

Yes



mployer Information				
nployer one Number				
**************************************	245-111-1111-1111-1111-1111-1111-1111-11			
ipervisor's Name	THE RESERVE THE PERSONNEL PROPERTY AND ADDRESS OF THE PERSONNEL PROPERTY OF THE PERSONNEL PROPER			
reet Address:				
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oouse's Employer				
reet Address:				
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ours worked	per week or	per month		The depth of the proposition of
y rate	The second secon	and the state of t		
		Total		: 54 kg 2745 ng 489 kg 26 1
unemployed, list:	•			
ength of time unemp	MANAGEMENT OF THE PROPERTY OF			
lame of previous emp		11 au, 13 au 11 au 12 au 1		wa
treet Address of prev	ious employer:			
City, State, Zip		AAAN WARREN WILLIAM WARREN WAR		
Charles and the first particular	manni i i i i i i i i i i i i i i i i i i			C. N. C. Video Video Video Scott
	Defenda	int's Financial In	formation	47
Public Assistance		and the sale of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	north (Brown and Color Color)
Activities on the Material Williams Activities しゅうじゅうけん	:-:	10 22 1 X	Income (Monthly)	Month
Are you currently red	cerving teneck an th	at apply)		Amou
Food Stamps Medicaid			Take Home Pay	
<del></del>			Spouse's Take Home Pay	
Public housing			Investment Income	
	stance to Needy Famil		Stock Dividend	
Supplemental S	Security Income (SS	1)	Bond Dividend	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Expenses (Monthly		Monthly	Rental Income	4 - 11 ( 4 h h h h h h h h h h h h h h h h h h
Payment			Pension Payments	
Rent or Mortgage Payment		Unemployment		
Car Payment		and the second s	Social Security Benefits	
Insurance (Life, He	alth, Car,	Marie	Child Support	
Homeowners, etc.)	, ,		Public Assistance	
Child Care	A CONTRACTOR OF THE STATE OF TH	a of Commence and	TANF	
Child Support		100 C	SSI	
Water	ELA ARRIVATITA ENTRE MANAGEMENTO DE SENTINO DE SENTINO DE SENTINO DE LA CASTA DEL CASTA DE LA CASTA DE LA CASTA DEL CASTA DE LA CASTA DEL CASTA DEL CASTA DEL CASTA DEL CASTA DEL CASTA DE LA CASTA DEL CAST			
Gas			Medicaid	
Telephone			Other	
Electricity			Cash Gifts	
Food			Other (Describe)	
Clothes	eventual terroria de la compansión de la c			
Medical			TOTAL GROSS	
Cable TV or Satelli	te TV		MONTHLY INCOME	
Pager		and transmission of the state o		
Cell Phone				
Loan and Debt Pay				
Outstanding Loans	(list type of Loans)			
CHRONICO TO TRANSICALATO PRIMARIO SE LA MERICA PER MANAGEMENTA CARROLISTA CAR	айын калап үзүү таймайна байын аймасын түстүү түсүн аруулуу түсүн түсүнү жана жа	THE THE PROPERTY OF THE PROPER		
Credit Card Debt (1	ist name of cards)			
Cicali Cala Deul (I	Balance:			
\$	Darance.			
<u> </u>	Balance:	The second secon		
\$	_ 0.101.1001			
	enditures (Describe)			
TOTAL MONTH	LY EXPENSES			

Asset  A Place of Posidones Port Over			Value		
A. Place of Residence Rent Own Describe if house, condominium, apartment, other:  B. Real Property Owned; Description/Location:			\$		
			\$		
C. Automoł Make	oile(s) Model	Year	\$		
Make	Model	Year	\$		
Make	Model	Year	\$		
D. Stock and	d Bonds (provide dese	cription)			
***************************************	PROPERTY AND		\$		
			\$		
- O.I. T			\$		
E. Other Property (list all jewelry, equipment, watercrafts, etc.)			\$		
			\$		
			\$		
F. Bank Ac	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>				
Bank Name	9	Type of Account	Balance		
			\$		
			\$		
			\$		
G. Other Assets (Identify)			VALUE \$		
ASSETS TOTAL VALUE			\$		
have / have no	ot (circle one) attemp	<u> </u>	nes of the attorneys I have contacted are as follow		
epresentation laboration laboration abore and I of the contraction abore and the contraction are contraction are contraction and the contraction are contraction	by counsel in the tria hereby request the co out my financial cond of the information for	of the charge pending against nourt to appoint counsel for me. B lition is current, accurate, and transfer accuracy as required to determine	d by the (name of the court) Court of my right to me. I am without means to employ counsel of my sy signing my name below, I swear, that all of the ue. By signing below, I understand that a court of ine my eligibility.		
	Defendar	nt's Signature			
his court find	s the defendant	is / is not indigent.			
		Signa	ature of Judge		