

	No. _____
	In the District Court
vs.	
	_____th Judicial District
In the Interest of:	
	McLennan County

### AFFIDAVIT OF INDIGENCY

All information must be completed by the Party and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you, enter N/A in the blank.

Party's Personal Information	
Name	
Phone	
Street Address	
City, State, Zip	
Social Security #	
Driver's License #	
Date of Birth	
Name of Spouse	
Name of Other Adults Living in Household	

Dependents			
Name(s) (list below):	Age	Relation	Income

Are you currently in jail or in a correctional institution?
___ No
___ Yes     If yes, provide name of institution:

Are you currently residing in a mental health facility?
___ No
___ Yes     If yes, provide name of facility:

Do you have an application pending at a mental health facility?
___ No
___ Yes     If yes, provide name of facility:



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	
Adult in Household's Employer	
Street Address:	
City State Zip	
Hours Worked	___per week or ___per
Pay Rate	month

If unemployed, list:	
Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

Party's Financial Information
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Public Assistance Are you currently receiving (check all that apply)
<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Public housing
<input type="checkbox"/> Temporary Assistance Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Low-Income Energy Assistance

Income (Monthly)	Monthly Amount
GROSS Monthly Pay	
Spouse's GROSS Monthly 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	

EXPENSES

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 types)	
Credit Card Debt (list name of cards)	
Balance:	
\$ _____	
Balance:	
\$ _____	
Other Monthly Expenditures (Describe)	
<b>TOTAL MONTHLY EXPENSES</b>	

Other Expenses Not listed Above:

Assets		
Asset		Value
<b>A. Place of Residence</b> ___ Rent    ___ Own Describe if house, condominium, apartment, other:		\$
<b>B. Real Property Owned; Description/Location:</b>		\$
<b>C. Automobile(s)</b> Make                      Model                      Year		\$
Make                      Model                      Year		\$
Make                      Model                      Year		\$
<b>D. Stock and Bonds (provide description)</b>		\$
<b>E. Retirement/IRA:</b>		\$
		\$
<b>F. Other Property (list all jewelry, equipment, boats, watercrafts, etc.)</b>		\$
		\$
		\$
<b>G. Bank Accounts</b>		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
<b>H. Cash:</b> _____		
<b>I. Other Assets (Identify)</b>		VALUE
		\$
<b>ASSETS TOTAL VALUE</b>		\$

I am unable to pay the costs of court. I verify that the statements made in this affidavit are true and correct.

Signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public