

## FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY

### I. PERSONAL INFORMATION

Name		Case No.		D.O.B.	
Mailing Address	City	State	Zip	Phone (   )	
Residence (if different from above)			Message Phone (within 48 hours) (   )		

### II. OTHER PERSONS LIVING IN HOUSEHOLD

Name	Age	Relationship	Name	Age	Relationship
1.) _____	_____	_____	3.) _____	_____	_____
2.) _____	_____	_____	4.) _____	_____	_____

### III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Self	Spouse	Household Member	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension				
Social Security				
Child Support				
Works First/TANF				
Disability				
Other				
Other				
Employer's Name (for all household members)			<b>Subtotal A</b>	\$
Address				Phone

IV. ALLOWABLE EXPENSES	V. TOTAL INCOME
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Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs of Caring for Infirm Family Members	
<b>Subtotal B</b>	<b>\$</b>

Total Monthly Income – Total Allowable Expense = Total Income

<b>Subtotal A</b>	<b>\$</b>
<b>Subtotal B</b>	<b>\$</b>
<b>Grand Total C</b>	<b>\$</b>

**VI. ASSET INFORMATION**

Type of Asset	Describe/Length of Ownership/Make, Model, Year (where applicable)	Estimated Value
Real Estate	Price: \$ _____ Date Purchased: _____ Equity: _____	
Stock/Bonds/CD's		
Automobiles		
Trucks/Boats/Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. (Bank/Acct#)		
Savings Acct. (Bank/Acct#)		
Credit Union (Name/Acct#)		
<b>Grand Total D</b>		<b>\$</b>

**VII. MONTHLY LIABILITIES/OTHER EXPENSES** **VIII. GRAND TOTALS**

Type of Liability	Amount
Rent/Mortgage	
Food	
Electric	
Gas	
Fuel	
Telephone	
Cable	
Water/Sewer/Trash	
Credit Cards	
Loans	
Taxes Owed	
Other	
<b>Grand Total E</b>	

Total Monthly Income Grand Total C

Total Assets Grand Total D

Total Monthly Liabilities and Other Expenses Grand Total E

I, \_\_\_\_\_ being duly sworn, say:

1. The above information is true And correct.
2. I understand that I may be subject to criminal prosecution for providing false information.

SUBSCRIBED and duly sworn before me according to law, by the above named applicant,  
 This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
 Notary Public, State of Texas

**JUDGE'S CERTIFICATION**

\_\_\_\_\_ The Court finds the above-referenced defendant is unable to pay the fine and court costs assessed  
 In the above case(s) due to indigence.

\_\_\_\_\_ The Court finds that based upon the following information provided, the Defendant is not  
 Indigent.

SO ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
 JUDGE PRESIDING