

Name: _____
Address: _____
Phone Number: _____ E-mail Address: _____
Cause(s) #: _____ Court: Comal CCL #2

AFFIDAVIT OF INDIGENCE

MARITAL STATUS: Single (includes married but separated) *or* Married living together

I HAVE this many CHILDREN of my own who live with me and are < 18 years of age: _____

ASSISTANCE: I, my spouse, or my children *who live with me*, receive the following: NONE, *or*

Food Stamps Medicaid Disability TANF SSI Housing Assistance

INCOME:

Primary Job: \$_____ per hour. In an average week, I work _____ hours.

Second Job: \$_____ per hour. In an average week, I work _____ hours.

Other: \$_____ per _____.

Spouse's Income: \$_____ per hour. In an average week, he/she work _____ hours.

I RECEIVE CHILD SUPPORT of \$_____ per month.

I am **presently UNEMPLOYED** and have been for _____ (how long).

I PAY CHILD SUPPORT of: \$_____/month.

I PAY TOTAL EXPENSES of: \$_____/month

SPECIAL CIRCUMSTANCES or HARDSHIPS the Judge should consider: _____

- I certify to the court that I cannot afford to hire an attorney to represent me, and I respectfully ***request appointment of counsel*** to represent me in this matter.

- I understand that in some cases I may be ordered to pay all or part of my attorney's fees. I further understand that if I am convicted, I may be ordered to repay Comal County all or part of the cost of my attorney as costs of court or as a term of probation.

Signature: _____

Date: _____

*****FOR THE COURT'S USE ONLY *****

SWORN and SUBSCRIBED before me:

Approved

Denied

Notary, Deputy Clerk

Date

Judge Presiding

Interpreter Needed Type of Language: _____

Appointed Attorney: _____ Phone Number: _____