



# COLLIN COUNTY

Office of Indigent Defense

2100 Bloomdale Road  
Suite 20209  
McKinney, Texas 75071  
214-491-4824  
Fax 972-547-5788  
cclIndigentDefense@co.collin.tx.us  
Office Hours 8:00 a.m. – 4:00 p.m.  
Monday - Friday

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All persons requesting court appointed counsel must complete the attached **AFFIDAVIT OF INDIGENCE FORM**. To avoid delays in processing, **ALL** requested information must be provided and all sections of the form completed. (If you are out of custody, you do not need to complete the section titled "Notice of Right to Bail")

The completed form may be submitted by one of the following methods:

- Deliver in person or by U.S. Mail to the Indigent Defense Office at the above address
- Email: [cclIndigentDefense@co.collin.tx.us](mailto:cclIndigentDefense@co.collin.tx.us)
- Fax: 972-547-5788

Please contact our office should you have any questions or need assistance.

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Cualquier persona solicitando un abogado(a) tiene que completar el formulario adjunto titulado **DECLARACION JURADA DE INDIGENCIA**. Para evitar cualquier retraso al procesar su aplicación, **TODA** la información pedida debe ser proveída y todas las sections deben ser completadas en su totalidad. (Si usted esta fuera de custodia, no tiene que completar la sección titulada "Aviso Del Derecho a Fianza")

El formulario completado debe ser sometido por uno de los siguientes modos:

- En persona o por correo a la oficina de Defensa al Indigente a la direction proveída arriba
- Correo Electrónico: [cclIndigentDefense@co.collin.tx.us](mailto:cclIndigentDefense@co.collin.tx.us)
- Fax: 972-547-5788

Por favor de contactarnos si tiene alguna pregunta o si necesita asistencia.

## AFFIDAVIT OF INDIGENCE

*THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT*

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name MI Last Name

Address \_\_\_\_\_  
 Street Apt No. City State Zip Code

Phone Numbers \_\_\_\_\_  
 Home Cell Work Family Member

Email Address: \_\_\_\_\_

Do you have a Social Security Number? Yes  \_\_\_\_\_ No   
 (provide SSN)

I currently receive:  Medicaid  SSI/SSDI  Food Stamps/SNAP  TANF  CCIHP  Public Housing

ARE YOU EMPLOYED?	MARITAL STATUS															
<input type="checkbox"/> <b>No</b> - Length of time unemployed? _____ Weeks/Months/Years (Circle One)  <input type="checkbox"/> <b>Yes</b> - Where? _____  Number of Hours per Week: _____ Hourly pay rate: \$ _____ <b>OR</b> Salary: \$ _____ per wk How long have you worked at this job? _____  <i>If you are unemployed or have not worked at your current job for <u>more than 2 yrs.</u> please complete the employment history.</i>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated  Name of Spouse: _____ (First Name) (Middle Name) (Last Name)  Spouse's Social Security No. _____															
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Name of Dependent Child(ren) (0-17 yrs.)</th> <th style="width:20%;">Age</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name of Dependent Child(ren) (0-17 yrs.)	Age													
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### RESIDENCE INFORMATION

Please circle one:                      Own      Rent      Reside with Family/Friend      Homeless

MONTHLY INCOME		MONTHLY EXPENSES	
My Take Home Pay	\$	Rent Or Mortgage	\$
Spouse's Take Home Pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
Snap (Food Stamps)	\$	Total Food Expenses	\$
SSI or SSDI	\$	Transportation Costs (Bus Fare, Public, or Car Payment & Gas)	\$
Unemployment	\$	Cell/Home Phone	\$
Other Income (Alimony, Retirement, VA Disability)	\$	Legal Cost, Taxes, Probation Fees	\$
<b>TOTAL MONTHLY INCOME</b>	\$	Medical Expenses / Health Insurance	\$
		Minimum Monthly Credit Card Payment	\$
		<b>TOTAL MONTHLY EXPENSES</b>	\$

### ASSETS

Value of Home \_\_\_\_\_, Mortgage \_\_\_\_\_      Value of Car \_\_\_\_\_, Car Loan \_\_\_\_\_  
 Cash in Your Checking, Savings, or Similar Account \_\_\_\_\_      Cash in Spouse's Accounts \_\_\_\_\_

**THE FOLLOWING THREE SECTIONS MUST BE COMPLETED  
(DEFENDANT ONLY)**

**NOTICE OF RIGHT TO BAIL**

As the defendant, you have the right to be bailable by sufficient sureties. Bail is the security given to ensure that the defendant—you—will appear in court to answer the charge or charges. A magistrate will use the information that you include in this form to help set the amount of your bail.

Is there anything else you would like the magistrate to consider in setting the bail amount?

\_\_\_\_\_

\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised of my right to bail. I declare, under penalty of  
(day) (month) (yr)  
perjury, that the maximum amount of security that I am able to post or pay up front within 24 hours of my arrest is \$\_\_\_\_\_.

**UNSWORN DECLARATION BY DEFENDANT**

My name is \_\_\_\_\_, my date of birth is \_\_\_\_\_.  
(First Name) (Middle Name) (Last Name)

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(Street Number and Name) (City) (State) (Zip Code) (County)

I declare under penalty of perjury that the foregoing is true and correct. Executed in Collin County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (yr)

**DEFENDANT'S OATH**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I have been advised of my right to representation by counsel in  
(day) (month) (yr)  
connection with the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me.

\_\_\_\_\_  
Defendant's Signature Date

**PLEASE DO NOT WRITE IN THIS SECTION - FOR STAFF USE ONLY**

**Clerk's Notes**

**Interpreter required?**  Yes  No **If yes, language required:**

**DETERMINATION BASED ON:**

TWC:  Gross:  Net:

**Family Size:** FS MC SSI/SSDI TANF CCIHP PH

**Other:**

**Defendant Currently Meets Eligibility Requirements?**  Yes  No

**FPL:** % **Date:** **Clerk's Initials:**