

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: <u>ccIndigentDefense@co.collin.tx.us</u>
- Fax: 972-547-5788

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

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: <u>ccIndigentDefense@co.collin.tx.us</u>
- Fax: 972-547-5788

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

SO # _____

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT Name	AFFIDAVIT OF INDIGENCE								
First Name MI Last Name Address	This portion to be completed by or With DEFENDANT								
First Name MI Last Name Address									
Street Apt No. City State Zip Code Phone Numbers Home Cell Work Family Member Enail Address: No Image: State Torp Coll No I currently receive: Medicaid SSUSSDI Pood Stampu/SNAP TARP CHIP Duble Housing I currently receive: Medicaid SSUSSDI Pood Stampu/SNAP TARP CHIP Duble Housing I currently receive: Medicaid SSUSSDI Pood Stampu/SNAP TARP CHIP Duble Housing I currently receive: Medicaid SSUSSDI Pood Stampu/SNAP TARP CHIP Duble Housing I currently receive: Medicaid SSUSSDI Pood Stampu/SNAP TARP Divorced I work of Hours per Weck: Image: Single Mame of Souse: Name of Souse: Name of Degendent Child(can) (0-17 yrs.) Sec I work of hours per than 2 yrs. J pase de mono worked at this job? Image: Single	First Name M	I	Last Name		Dat		//		
Street Apt No. City State Zip Code Phone Numbers Home Cell Work Family Member Enail Address: Do you have a Social Security Number? Yes No I currently receive: Medicaid SSI/SSDI Pood Stamps/SNAP TAP P CHIP Public Housing I currently receive: Medicaid SSI/SSDI Pood Stamps/SNAP TAP P DIVID P No - Length of time unemployed? Weeks/Manths/Vars MARTIAL STATUS Divorced Weeks/Manths/Vars Circle Ono) Widowed Separated Divorced Mumbr of Hours per Week:									
Email Address				City	Stat		Zip Code		
Email Address	Phone Numbers								
Do you have a Social Security Number? Yes	Home Home		Cell	l Work Family Member					
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Circle One) Name of Spouse: Number of Hours per Week:	No - Length of time unemployed			8					
Number of Hours per Week:		(Circle One	e)	-					
Hourly pay rate: \$	□ Yes - Where?	J Yes - Where?			Name of Spouse:				
How long have you worked at this job?	-							,	
If you are unemployed or have not worked at your current job for more than 2 yrs, please complete the employment history. Name of Dependent Child(ren) (0-17 yrs.) Age List Prior Place Of Employment Length Of Time Gross Monthly Income Name of Dependent Child(ren) (0-17 yrs.) Age List Prior Place Of Employment Length Of Time Gross Monthly Income Image Image Image Please Of Employment Length Of Time Gross Monthly Income Image Image Image Please circle one: Own Rent Reside with Family/Friend Homeless Image Image Image My Take Home Pay \$ Rent Or Mortgage \$ \$ S S Sopuse's Take Home Pay \$ Itilities (Elec., Gas, Water) \$ \$ S		-	(First Nar	me)	(Middle Name) (Last Na	ame)		
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Value of Home, Mortgage Value of Car, Car Loan		ASSETS							
	Value of Home M	ortgage				. Car Loan			

(Revised 6-15-20)

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							
perjury, that the maximum amount of security that I am able to post or pay up front within 24 hours of my							
arrest is \$							
UNS	WORN D	ECLARATION BY DE	FENDANT				
My name is, my date of birth is (First Name) (Middle Name) (Last Name)							
My address is,,,,,,,,,							
I declare under penalty of perjury that the foregoing is true and correct. Executed in Collin County, State of Texas, on the day of,							
DEFENDANT'S OATH							
On this day of, 20, I have been advised of my right to representation by counsel in							
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							
nterpreter required? 🗆 Yes 🛛 No 🛛 If yes, language required:							
DETERMINATION BASED ON:							
□ TWC:	Gross	2•	□ Net:				
Family Size:			FS MC SSI/SSDI TANF CCIHP PH				
Other:							
Defendant Currently Meets E	ligibility	Requirements?	les 🗆 No				
FPL: %	'PL: % Date:		Clerk's Initials:				