

# CAMERON COUNTY PRE-TRIAL SERVICES

## AFFIDAVIT OF INDIGENCE

*THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY*

The State of Texas \_\_\_\_\_ County Court  
vs. \_\_\_\_\_ District Court

Offense: _____ Felony/Misd: _____	Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense: _____ Felony/Misd: _____	If yes, language required: _____
Offense: _____ Felony/Misd: _____	

Defendant Currently In:  Correctional Facility  Mental Health Facility

*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

I receive:  Medicaid  SSI  SNAP  TANF  Public Housing

Are you Employed?  Yes  No If yes, where? \_\_\_\_\_ Type of Work \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_ How long have you worked at this job? \_\_\_\_\_

Marital Status :  Single  Married  Divorced  Widowed  Separated

Name of Spouse \_\_\_\_\_  
                     First                      MI                      Last

Name of Dependent Child(ren) (0-18 yrs.)	Age	Name of Dependent Child(ren) (0-18 yrs.)	Age

### RESIDENCE INFORMATION

Rent: yes or no	Own: yes or no	Reside with family: yes or no	Homeless: yes or no
-----------------	----------------	-------------------------------	---------------------

#### MONTHLY INCOME AND ASSETS

#### MONTHLY EXPENSES

MONTHLY INCOME AND ASSETS	MONTHLY EXPENSES
My take home pay	Rent/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
Social Security/Disability	Transportation Costs
Other Government Check	Cell/home phone
Other Income	Probation fees
Assets (car, house, etc.)	Medical Expenses / Health Insurance
<b>TOTAL MONTHLY INCOME AND ASSETS</b>	<b>Minimum Monthly Credit Card Payment</b>

# CAMERON COUNTY PRE-TRIAL SERVICES

TOTAL MONTHLY EXPENSES

\$

## 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

ONLY ONE SECTION BELOW TO BE COMPLETED.

## Administered Oath

(Notary ONLY)

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

\_\_\_\_\_  
Notary Public Signature      Date

## Unsworn Declaration by Defendant

(Defendant ONLY)

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)      (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of Texas, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Month)      (Year)

## Defendant Currently Meets Eligibility Requirements?

YES

NO

Date \_\_\_\_\_

**CAMERON COUNTY PRE-TRIAL SERVICES**

**ORDER APPOINTING COUNSEL**

\_\_\_\_\_ is appointed to represent defendant \_\_\_\_\_

on the following charge(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

**As per the Local Rules adopted and signed by the  
CAMERON COUNTY BOARD OF JUDGES, you have 48 hours to visit with your client  
(excluding weekends and Cameron County holidays) from the time you receive this email.  
If you are unable to accept this appointment, please contact our office immediately.**

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

**Appointing Authority**

**Attorney's Information**

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Defendant's Location**

Bond Amount: \_\_\_\_\_ Bond:  Personal  Cash/Surety

Bonding Company: \_\_\_\_\_

**On Bond**

**Jailed**

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

County \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facility \_\_\_\_\_

Was the defendant arrested on an out of county warrant?  Yes  No

If yes, warrant-issuing county: \_\_\_\_\_

Necessary forms have been transmitted to the appointing authority in the warrant issuing county within 24 hours.