	No	
STATE OF TEXAS	§	IN THE COUNTY COURT AT LAW
	§	
VS.	§	OF
	§	
	S	WALKER COUNTY

All information must be completed by the defendant. It must be accurate, current and true. Intentionally or knowingly giving false information may result in prosecution for the offense of aggravated perjury which is a felony punishable by imprisonment up to ten years and a fine not to exceed \$10,000. Fill in ALL blanks. If you do not know the information being asked, enter DO NOT KNOW in the blank. If the information being asked does not apply to you enter N/A in the blank.

Defendant's Personal Information			
Name			
Phone Number			
Address			
Driver's License #			
Date of Birth			
Name of Spouse			

Dependents (members of immediate family that you support financially)					
Name(s) Age Relationship Income					

Are you currently in jail or in a correctional institution?	□ no	□ yes
Are you currently in a mental health facility?	□ no	□ yes
Do you have an application pending at a mental health facility?	□ no	□ yes

Employer Information					
Employer					
Phone Number	Phone Number				
Supervisor's Name	Supervisor's Name				
Address	Address				
Hours worked	per week or	per month	Pay rate		
Spouse's Employer					
Street Address:					
Hours worked	per week or	per month	Pay rate		

If unemployed, list:		
Length of time unemployed		
Name of previous employer		
Address of previous employer		

Defendant's Financial Information

Are you currently receiving public assistance? (check all that apply)

 \Box Food Stamps

 \square Medicaid

□ Supplemental Security Income (SSI)

 \Box Public housing

□ Temporary Assistance to Needy Families (TANF)

1	Supplemental	Security	mcome	(331)

Income (Monthly)	Monthly	Expenses (Monthly)	Monthly
	Amount		Payment
Take Home Pay		Rent or Mortgage Payment	
Spouse's Take Home Pay		Car Payment	
Investment Income		Insurance (Life, Health, Car, Home, etc)	
Stock Dividend		Child Care	
Bond Dividend		Child Support	
Rental Income		Water	
Pension Payments		Gas	
Unemployment		Telephone	
Social Security Benefits		Electricity	
Child Support		Food	
Public Assistance		Clothes	
TANF		Medical	
SSI		Cable TV or Satellite TV	
Medicaid		Pager	
Other		Cell Phone	
Cash Gifts		Loan and Debt Payments	
Other (Describe)		Outstanding Loans (list type of loans)	
		Credit Card Debt (list name of cards)	
		Balance: \$	
		Balance: \$	
		Other monthly expenditures (describe)	
		Guler monuny experiancies (describe)	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENSES	

Assets				Value
A. Residence	ce Do you riangle rent or riangle ov	wn? 🗆 house	□ condominium	
		□ apartment	□ other	\$
B. Real Pro	perty Owned (description)			\$
C. Vehicle(s)			
Year M	Make Moo	del		\$
Year M	Make Moo	del		
				\$

D. Stocks and Bonds (description)	¢
	\$
E. Other Property (jewelry, equipment, watercraft, etc)	
	\$
F. Bank Accounts	
	\$
G. Other Assets (description)	
	\$
ASSETS TOTAL VALUE	\$

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

On this ______ day of ______, 20_____ I have been advised by the Walker County Court at Law of my right to representation by counsel in the trial of the charge(s) pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate and true, By signing below, I understand a court official can verify any of the information for accuracy as required to determine my eligibility.

Defendant's Signature

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

Clerk's Signature

This court finds the defendant \Box is \Box is not indigent.