

CAUSE NO. \_\_\_\_\_

APPLICATION FOR INDIGENT SERVICES FROM DCAP AND FINANCIAL AFFIDAVIT

Type of Case/Offense: \_\_\_\_\_

1. My full legal name is \_\_\_\_\_ and I am fully competent to make this affidavit.
2. I live at: \_\_\_\_\_
3. Social Security No.: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
5. Names and relationship of those persons who live with me or who are otherwise dependent upon me for support:  

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. Number of years married to the person listed above: \_\_\_\_\_
7. How long at this address: \_\_\_\_\_ How long at last address: \_\_\_\_\_
8. House, apartment, condominium: \_\_\_\_\_ Renting or buying: \_\_\_\_\_
9. Job or occupation: \_\_\_\_\_
10. I am employed/unemployed: \_\_\_\_\_
11. Employer's Name: \_\_\_\_\_
12. Employer's Address: \_\_\_\_\_
13. Work phone number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_
14. If unemployed, my last job was and the date(s) I was employed: \_\_\_\_\_

15. My average TOTAL monthly income from all sources: \$ \_\_\_\_\_
16. Average TOTAL income of spouse/significant other: \$ \_\_\_\_\_
17. Identify and list any and all other sources of income  
Not considered in questions 15 and 16 (including child  
Support, allowances, scholarships, gifts, etc.) \$ \_\_\_\_\_  
TOTAL VALUE of 15 through 17: \$ \_\_\_\_\_
18. Total of cash on hand, checking accounts, savings accounts,  
certificates of deposit, stocks, mutual funds, etc. \$ \_\_\_\_\_
19. Value or real estate owned less amount owed: \$ \_\_\_\_\_  
(other than family residence)
20. Make, model and year of automobile(s) \_\_\_\_\_
21. Value of automobile, less amount owed: \$ \_\_\_\_\_
22. Monthly rent or house payment: \$ \_\_\_\_\_
23. Total monthly utilities: \$ \_\_\_\_\_
24. Total monthly vehicle payments: \$ \_\_\_\_\_
25. List all other monthly expenses:  
TYPE OF DEBT \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
TOTAL MONTHLY DEBTS AND EXPENSES of 21 through 25 \$ \_\_\_\_\_

26. Are you or your dependents currently receiving any benefits from the following governmental programs:

Governmental Program	YES	NO
(a) Food stamps	_____	_____
(b) Denton County Health Services	_____	_____
(c) Temporary Assistance for Needy Families	_____	_____
(d) Supplemental Security Income	_____	_____
(e) Public Housing	_____	_____

27. I am currently: (circle one)                      In Jail                      On Bond

28. If in jail, will you be able to make bond in the near future: (circle one)    YES                      NO

29. I \_\_\_\_\_ have \_\_\_\_\_ have not attempted to hire an attorney in this case.

The names of the attorneys I have contacted are:

\_\_\_\_\_  
\_\_\_\_\_

Do you read, write or understand the English language? Yes No

If you answered "no" what language are you able to understand? \_\_\_\_\_

I certify the above financial affidavit to be correct and further certify I have been advised of my right to representation by counsel for the charge(s) and/or case listed above pending against and I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify the interests of justice require court-appointed representation for me before this Court.

I understand if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment not to exceed (10) years or less than 2 years and a fine not to exceed ten thousand dollars (\$10,000.00).

\_\_\_\_\_  
Defendant/Respondent

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge, Magistrate, Notary Public, Clerk of Court