



HOCKLEY COUNTY

Levelland, Texas

Sharla Baldridge

County Judge

802 Houston, Suite 101
LEVELLAND, TEXAS 79336

806-894-6856

INSTRUCTIONS – AFFIDAVIT OF INDIGENCE

If you would like to apply for a Court Appointed Attorney please fill out the attached Affidavit of Indigence. You **MUST** answer everything asked. If you answer “0” or leave blanks, your application will very likely be denied. Once you submit your application, it will be forwarded to the Department that verifies your information and determines if you qualify. If you qualify, you will receive an Order Appointing Counsel that contains your court appointed attorney’s information. It is your responsibility to contact your attorney and to remain in contact about your case. If you do not qualify, you will receive a letter informing you of the reason you did not qualify.

If you are appointed an attorney, once the case is disposed of, you may have to pay for your court appointed attorney. That information will be included in the disposition paperwork.

Sharla Baldridge,
Hockley County Judge

AFFIDAVIT OF INDIGENCE

This section to be filled out by Court Personnel

No. _____
The State of Texas vs. _____ Court _____ County
Offense _____ Level of Offense _____

Defendant's Personal Information

Name _____ Date of Birth ____/____/____
Mailing Address _____ Street _____ City _____ State _____ Zip Code _____
Phone Number _____ Marital Status _____
Name of Spouse _____
I receive: [] SNAP [] Medicaid [] TANF [] SSI [] Public Housing
Residence Information [] Rent [] Own [] Reside with family [] Homeless
Employment [] Yes [] No If yes, where? _____ Hours/wk _____ Pay/hr _____
Names of Dependent Children (0 - 18 yrs) _____ Age _____ Names of Dependent Children (0 - 18 yrs) _____ Age _____

Defendant's Financial Information

Table with 2 columns: Income, Monthly Amount. Rows include Take Home Pay, Spouse's Take Home Pay, Retirement Income, Unemployment, Social Security (not SSI), Child Support Received, Other (Describe), and TOTAL MONTHLY INCOME.

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 _____

Defendant Meets Eligibility Requirements: [] Yes [] No Date _____

ADDITIONAL FINANCIAL INFORMATION

Expenses (total or partial) that you or your spouse are responsible for paying not that someone else is paying	Monthly Payment
Rent /Mortgage Payment	
Car Payment + Insurance	
Utilities (electric; gas; water)	
Child Care or Child Support Paid	
Food Expenses	
Telephone / Cell Phone	
Medical Expenses / Health Insurance	
Probation Fees	
Minimum Monthly Payment – Credit Card	
TOTAL MONTHLY EXPENSES	

Assets			Value
Asset			
A. Real Property(excluding homestead) Location:			\$
B. Automobile(s)			
Make	Model	Year	\$
Make	Model	Year	\$
C. Other Property (boat, recreational vehicle, etc.)			\$
D. Bank Accounts			
Bank Name	Type of Account	Balance	
		\$	
		\$	
ASSETS TOTAL VALUE			\$