**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.**

THE STATE OF TEXAS CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vs.

 SPN. NO.

**Affidavit of Financial Condition**

Name: Phone No.

Address: D.O.B.

City, State:

Zip Code:

The significance of this form has been explained to me. I understand that I am not required to complete this form. I understand that the information I provide on this form will become part of a public record, and it will be used by judges who determine **my bail amount** and/or **my eligibility for a court appointed attorney** if I request one.

 I declare under penalty of perjury that the information in this affidavit is true and correct.

I am married or not married and I/we support dependents who are:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Age |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

I have no other assets or income except for the following:

Present cash available:

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Myself | My Spouse | Financial Institution |
| Cash |  |  |  |
| Checking |  |  |  |
| Savings |  |  |  |
| Safety Deposit Box |  |  |  |
| Other |  |  |  |
| TOTAL: |  |  |  |

Amounts of money I am owed:

|  |  |  |  |
| --- | --- | --- | --- |
| Debt type & who owes it? | To Myself | To My Spouse | When expected? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I have the following opportunities to borrow money:

|  |  |  |
| --- | --- | --- |
| Type | Available amount | Lender/Financial Institution |
| Credit cards |  |  |
| Credit line |  |  |
| Personal loan |  |  |
| Other |  |  |
| TOTAL: |  |  |

I own the following assets:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Value | Monthly Pmt. | Loan balance | Location |
| Home |  |  |  |  |
| Other Real Estate |  |  |  |  |
| Motor vehicle 1 |  |  |  |  |
| Motor vehicle 2 |  |  |  |  |
| Furniture |  |  |  |  |
| Notes, Mortgages, Trust & Deeds |  |  |  |  |
| Stocks/Bonds |  |  |  |  |
| Animals of Value |  |  |  |  |
| Jewelry |  |  |  |  |
| Other: |  |  |  |  |
| Monthly Income (Gross) | Myself | My Spouse | Total |
| Employment |  |  |  |
| Real Property |  |  |  |
| Interest & Dividends |  |  |  |
| Gifts |  |  |  |
| Alimony |  |  |  |
| Child Support |  |  |  |
| Retirement |  |  |  |
| Disability |  |  |  |
| Unemployment |  |  |  |
| Public Assistance |  |  |  |
| Other Sources |  |  |  |
| TOTAL: |  |  |  |

Estimation of itemized monthly expenses:

|  |  |
| --- | --- |
| Expense | Monthly Amount |
| Rent/Housing |  |
| Car Payment & Insurance |  |
| Utilities |  |
| Food, clothing, toiletries |  |
| Child care |  |
| Health Insurance |  |
| Medical expenses |  |
| Credit card |  |
| Court-ordered payments |  |
| Child support |  |
| Phones, internet & cable |  |
| Cigarettes, alcohol, & drugs |  |
| Other: |  |
| TOTAL |  |

Taxes and legal costs I owe:

|  |  |
| --- | --- |
| Owed to | Amount |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Expected changes in income or expenses:

**My employment history for the prior two years:**

Current or last job:

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

Prior job(s):

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

**My spouse’s employment history for the prior two years:**

Current or last job:

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

Prior job(s):

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

Employer name: Gross monthly pay:

Address: Start mo./yr.:

Phone number: End mo./yr.:

If unemployed, list the last job you had and efforts to gain employment:

Additional information you want to provide to explain why you may not be able to pay for bail or an attorney:

What is the highest amount you could reasonably pay within 24 hours of your arrest, from any source, including the contributions of family and friends?

$

I am or am not free on bond in another case. Amount of bond: $

Name of person who paid for bond:

Bondsman’s/Company Name:

I am or am not represented by attorney in another criminal case. My attorney is currently RETAINED or APPOINTED.

Name & Phone Number of Nearest Relative:

The information listed above is accurate and I will immediately notify the court of any changes in my financial situation. **I understand that all information in this affidavit is subject to verification and that falsifying this information is a criminal offense.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant Signature:

SUBSCRIBED and SWORN to before me pursuant to 602.002 of the Texas Government Code,

on this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

 Signature:

 Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Peace Officer / Personal Bond Officer / Magistrate / Notary

**Certification Required to Request Appointed Counsel:**

On this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, I have been advised by the Court of my right to representation by counsel in the trial of the charge 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 that a court official can verify any of the information for accuracy as required to determine my eligibility.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defendant Signature:

SUBSCRIBED and SWORN to before me pursuant to 602.002 of the Texas Government Code,

on this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

 Signature:

 Peace Officer / Personal Bond Officer / Magistrate / Notary

After reviewing this sworn pauper's oath application I find that this defendant:

 is indigent under the guidelines of Galveston County and IS entitled to appointment of an attorney.

 does not meet the guidelines of Galveston County and IS NOT entitled to appointment of an attorney.

 application needs to be reviewed further by the court that this case is to be filed in.

 is partially indigent under the guidelines of Galveston County and is ORDERED to pay $100 for a misdemeanor or $200 for a felony prior to the appointment of an attorney.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE MAGISTRATE