

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

THE STATE OF TEXAS
vs.

CAUSE NO. _____

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

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:

Taxes and legal costs I owe:

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	

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