is section to be filled out by Cou	rt Personnel	·	
	No	 .	
e State of Texas	In the	Court	
		County	
fense	Level of Offense		
information must be completentionally or knowingly giving aggravated perjury, a felony. It to exceed ten (10) years and a nks. If you do not know the information being asked does	false information may result the punishment for aggrafine not to exceed ten thous information being asked, en	ult in your prosecu wated perjury incl and dollars (\$10,00 ter DO NOT KNO	tion for the off udes imprisonn 0). Please fill i W in the blank
	Defendant's Personal Inform		
Name			
Phone Number			
Street Address		ne 41	
City, State, Zip		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Social Security #		**************************************	NICE TO THE TAXABLE T
Driver's License #			
Date of Birth		The control of the co	TO SHALL THE STATE OF THE STATE
Name of Spouse			
Dependents:			
Name(s) (list below):	Age	Relation	Income
			-
			THE RESERVE OF THE PARTY OF THE
Are you currently in jail or in a	correctional institution?		
No Yes If yes, provide nar	ne of institution:		
Are you currently residing in a r	nental health facility?		.,
No	ATTEMATE AND ATTEMATE ATTAMATE ATTAMATAMATE ATTAMATE ATTAMATE ATTAMATE ATTAMATE ATTAMATE ATTAMATE ATTA	191	
	ne of facility:		
Y es IT ves, provide par			
Yes If yes, provide nar			
	ding at a mental health facility	v?	
Do you have an application pend	ding at a mental health facility	y?	

Employer Information		VIII. 1991	
Employer	Immanini Patingoral Patrick Control Control		
Phone Number	**************************************		
Supervisor's Name	15-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Street Address:			
City, State, Zip		· · · · · · · · · · · · · · · · · · ·	
Hours worked per week o	r per montl	1	
Pay rate			
Spouse's Employer			The state of the s
Street Address:			
City, State Zip	The same statement of		
Hours worked per week o	r per montl		
Pay rate			
If unemployed, list:			
Length of time unemployed	·		
Name of previous employer			
Street Address of previous employer:			
City, State, Zip			
	V		
Defenda	ant's Financial I	nformation	
Public Assistance		PT-11100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-100-01-	
Are you currently receiving (check a	II that apply)	Income (Monthly)	Monthly
Food Stamps	ii tilat apply)		Amount
Medicaid		Take Home Pay	
Public housing		Spouse's Take Home Pay	
Temporary Assistance to Needy F	amilies (TANE)	Investment Income	
Supplemental Security Income		Stock Dividend	
Supplemental Scotlify modifie	(661)	Bond Dividend	
Expenses (Monthly)	Monthly	Rental Income	
	Payment	Pension Payments	
Rent or Mortgage Payment		Unemployment	
Car Payment	,	Social Security Benefits	,
Insurance (Life, Health, Car,		Child Support	
Homeowners, etc.) Child Care		Public Assistance	
Child Support		TANF	
Water		SSI	
Gas		Medicaid	
Telephone		Other-	
Electricity		Cash Gifts	
Food		Other (Describe)	
Clothes			
Medical		TOTAL GROSS	
Cable TV or Satellite TV		MONTHLY INCOME	
Pager Cell Phone		Model version 3, p. 2 of 4	
Loan and Debt Payments		Adopted 11/15/06 – Task Force on Indige	ent Defense
Outstanding Loans (list type of Loans)		,	
Outstanding Educis (list type of Bouns)			
	1		
Credit Card Debt (list name of cards)			
Balance:			
\$			
Balance:			
\$	The second secon		
Other Monthly Expenditures (Describe)			
TOTAL MONTHLY EXPENSES			

Describe if house, condominium, apartment, other: B. Real Property Owned; Description/Location: C. Automobile(s) Make Model Year S Make Model Year S Make Model Year S D. Stock and Bonds (provide description) S E. Other Property (list all jeweiry, equipment, watercrafts, etc.) S F. Bank Accounts Bank Name Type of Account Balance S S G. Other Assets (identify) VALUE S ASSETS TOTAL VALUE S ASSETS TOTAL VALUE S AND THE Name To the an attorney. The names of the attorneys I have contacted are as as all of the above information about my financial condition is current, accurate, and true. Lefendant's Signature UBSCRIBED and SWORN to before me, the undersigned authority, this day of, 20	Assets		
A. Place of Residence Rent Own Describe if house, condominium, apartment, other: B. Real Property Owned; Description/Location: C. Automobile(s) Make Model Year \$ Make Model Year \$ Make Model Year \$ D. Stock and Bonds (provide description) \$ \$ E. Other Property (list all jewelry, equipment, watercrafts, etc.) \$ \$ E. Other Property (list all jewelry, equipment, watercrafts, etc.) \$ \$ F. Bank Accounts Bank Name Type of Account Balance \$ \$ G. Other Assets (Identify) VALUE \$ ASSETS TOTAL VALUE \$ ASSETS TOTAL VALUE \$ ANALY A SETS TOTAL VALUE \$ ANALY A SETS TOTAL VALUE \$ Analy A set of the automeys I have contacted are as allows: In this day of 20 I have been advised by the (name of the court) Court of my right to prepresentation by counsel in the trial of the charge pending against me. I am without means to employ counsel of by own choosing and *Inerchy request the court to appoint counsel for me. By signing my name below, I swear, at all of the above information about my financial condition is current, accurate, and true. Belent's Signature UBSCRIBED and SWORN to before me, the undersigned authority, this day of 20 Accurate and true.		sset	Value
C. Automobile(s) Make	A. Place of Residence Rent Own		
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On this	ollows:		
on this			
UBSCRIBED and SWORN to before me, the undersigned authority, this day of, 20	On this day of or representation by counsel in the triany own choosing and <i>I hereby reques</i>	of the charge pending against The court to appoint counsel	me. I am without means to employ counsel of for me. By signing my name below, I swear,
Clerk's Signature	Defendant's Signature		
	SUBSCRIBED and SWORN to befor	e me, the undersigned authority	y, this day of, 20
his court finds the defendant is / is not indigent.	Clerk's Signature	<u> </u>	
	This court finds the defendant is	f • 4 to 4*	

Signature of Judge

VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

SUBSCRIBED and SWORN to before me, the undersigned auth	ority, this day of
Clerk's Signature	
MY EMPLOYMENT INFORMATION:	
OB TITLE:	
Employer's Name:	
EMPLOYER'S ADDRESS: SUPERVISOR'S NAME:	
SUPERVISOR'S NAME:	
Work Phone:	
Hours of Work:	
PAY RATE:	711111111111111111111111111111111111111
MY FINANCIAL INFORMATION:	
Name of Financial Institution:	
ACCOUNT NUMBER:	
BALANCE:	