

Kaufman County Affidavit of Indigence

CPS

This section completed by court personnel only.

In the Interest of _____ NO. _____
In the _____ Court of Kaufman County

All information must be complete for consideration. All information must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of aggravated perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). Please fill in all blanks. If you do not know the information being asked, enter "Do not know" in the blank. If the information being asked does not apply to you, enter "N/A" in the blank.

Respondent's Parent/Guardian's Personal Information

Name _____
Phone Number () _____ - _____.
Street Address _____
City, State, Zip _____
Social Security _____ - _____ - _____.
Driver's License _____ State Issued _____
Date of Birth _____ / _____ / _____.
Name of Spouse _____

Dependent's Information

1. Name _____
Age _____ Relation _____ Income _____
2. Name _____
Age _____ Relation _____ Income _____

3. Name _____

Age _____ Relation _____ Income _____

4. Name _____

Age _____ Relation _____ Income _____

5. Name _____

Age _____ Relation _____ Income _____

6. Name _____

Age _____ Relation _____ Income _____

Relatives or Close Friends

1. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

2. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

3. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

4. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

5. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

6. Name _____

Address _____ City _____ State _____ Zip _____

Phone Number (____) _____ - _____. Relation _____

Respondent's Parent/Guardian's Employer Information

Employer _____
Phone Number (____) _____ - _____ ext. _____
Supervisor _____
Street Address _____
City, State, Zip _____
Hours Worked _____ Per week _____ Per month _____
Pay Rate \$ _____
Date Started _____
Spouse's Employer _____
Street Address _____
City, State, Zip _____
Hours Worked _____ Per week _____ Per month _____
Pay Rate \$ _____
Are you unemployed? Yes _____ No _____
How long have you been unemployed?
Name of Previous Employer _____
Street Address _____
City, State, Zip _____
Hours Worked _____ Per week _____ Per month _____
Pay Rate \$ _____

Current Status

Does the Respondent have an application pending at a mental health facility?

No ___ Yes ___ Name of Institution _____

Has the Respondent been treated for mental illness? No ___ Yes ___ Please include what mental illness?

Are you currently in jail? No ___ Yes ___ Name of Institution _____

Do you need the services of an interpreter? No ___ Yes ___ Language _____

Respondent's Parent/Guardian's Financial Information

Are you currently receiving any public assistance? (Check all that apply.)

___ Food Stamps ___ Medicaid/Medicare/CHIPS ___ Public Hosing ___ TANF ___ SSI

___ Other (please list.) _____

Expenses	Monthly Amount
Rent or Mortgage Payment	_____
Car Payment	_____
Insurance (Health, Car, Life, Ect.)	_____
Child Care	_____
Child Support	_____
Water	_____
Gas	_____
Telephone (Include Cell Phones)	_____
Electricity	_____
Food	_____
Clothes	_____
Medical	_____
Credit Card Payment Name & Balance _____	_____

Cable or Satellite	_____
Pager	_____
Loan and Debt Payments	_____
Outstanding loans (Please list all loan types) _____	_____

Total Monthly Expense _____

Monthly Income

Monthly Amount

Net Pay _____

Spouse's Net Pay _____

Investment Income _____

Stock Dividend _____

Bond Dividend _____

Rental Income _____

Pension Payments _____

Unemployment _____

Social Security Benefits _____

Public Assistance _____

TANF _____

SSI _____

Medicaid _____

Cash Gifts _____

Other (describe) _____

Total Monthly Income _____

Assets	Value
Place of Residence ___ Own ___ Rent	_____
Real Property Owned	_____
Automobiles (Include any owned within the last 2 years)	_____
Make _____ Model _____ Year _____	
Make _____ Model _____ Year _____	
Make _____ Model _____ Year _____	
Stocks / Bonds (Provide Description)	_____

Other Property (Jewelry, Equipment, Watercrafts, Ect.)	_____
Other Assets (Provide Description)	_____

Bank Account Information

Bank Name	Type of Account	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets Total Value _____

Have you attempted to hire an attorney. _____ No _____ Yes (Please Provide the names of the attorneys you have contacted.)

On this _____ day of _____, 20____, I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for the respondent. By signing my name below, I swear that all of the above information about my financial condition is current, accurate, and true.

Parent/Guardian's Signature

Parent/Guardian's Signature

Subscribed and sworn to me before, the undersigned authority, this day ____ of _____, 20____.

Notary Signature

The Parent/Guardian is / is not indigent.

Signature of Judge or Court Designee

Verification Agreement

I, _____ (Name) authorize _____ (Name of employer or institution) to release my employment and/or financial information to _____, a representative of the Kaufman County Court.

Employment Information

(Please include last two (2) pay check stubs.)

Job Title: _____

Employer's Name: _____

Employer's Address: _____

City, State, Zip: _____

Work Number () - Ext. _____

Hours Worked (Typically): Weekly _____ Monthly _____

Pay Rate: \$ _____.

Financial Information

Name of Financial Institution _____

Account Number _____

Balance: \$ _____.

Signature of Employee/ Person Subject to Financial Information

By Signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility. I further understand that if I knowingly submit any incorrect or false information, or if I knowingly fail to submit any information, I will be denied appointment of counsel and may be subject to criminal prosecution for perjury.

Applicant's signature

____ / ____ /20 ____
Date

Subscribed and sworn to before me, the undersigned authority, this _____ day of _____, 20____.

Notary's Signature