GILLESPIE	COUNTY
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Cause No.		
Cause No.		

## AFFIDAVIT OF INABILITY TO AFFORD COSTS – JUSTICE COURT CRIMINAL CASE

This portion to be completed by Office Personnel only						
The State of Texas						
		v	s.			
Offense:	Offense: Interpreter required? □ Yes □ No					
Offense:			If yes, language require	ed:		
Offense:			, , <u>, , , , , , , , , , , , , , , , , </u>			
Defendant Currently In: □ Co	rrectional Facility	N	Iental Health Facility □	Neither		
THIS P	ORTION TO BE COM	<i>(PLETE</i>	D BY OR WITH <b>DEFENI</b>	DANT		
NameFirst Name	MI	Last N	ame D	ate of Birth		
Address						
Street	Apt No.		$\mathbf{City}$	State	Zip Code	
Phone Numbers Home	Cc	ell	Work	Famil	y Member	
I receive: ☐ Medicaid		SNAP	☐ TANF	□ Public H	lousing	
Are you Employed? $\square$ Yes $\square$ No	If yes, where?		Ty	pe of Work		
Number of Hours per Week:	Hov	w long h	ave you worked at this job	?	_	
Marital Status:	☐ Married ☐ I	Divorce	d □ Widowed □ S	Separated		
Name of SpouseFirst	MI		Last	_		
Name of Dependent Chi		A		endent Child(re	n)	A -1-
(0-18 yrs.)		Age		18 yrs.)		Age
	RESIDE	NCE IN	 			
Rent: yes or no	Own: yes or no	NOE II	Reside with family: yes o	or no Hor	meless: ves or i	no
			MONTHLY EXPENSES			
My take home pay	\$		Rent/Mortgage		\$	
Spouse's take home pay	\$		Utilities (Elec., Gas, Water	r)	\$	
GLILLG (D I)	ld Support (Received)		Total Child Expenses (Including Child		\$	
Child Support (Received)	\$		· · · · · · · · · · · · · · · · · · ·	cluding Child	\$	
SNAP (Food Stamps)	\$		Total Child Expenses (In Support Paid) Total Food Expenses	cluding Child	\$	
			Support Paid)	cluding Child	*	
SNAP (Food Stamps)	\$		Support Paid)  Total Food Expenses	cluding Child	\$	
SNAP (Food Stamps)  Social Security/Disability	\$		Support Paid)  Total Food Expenses  Transportation Costs	cluding Child	\$	
SNAP (Food Stamps)  Social Security/Disability  Other Government Check	\$ \$		Support Paid)  Total Food Expenses  Transportation Costs  Cell/home phone		\$ \$	
SNAP (Food Stamps)  Social Security/Disability  Other Government Check  Other Income	\$ \$ \$		Support Paid)  Total Food Expenses  Transportation Costs  Cell/home phone  Probation fees	h Insurance	\$ \$ \$	

GILLESPIE	COUNTY
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Cause No.		
Cause IVO.		

Unsworn Declaration by Defendant						
My name is		(Middle Name)		my date o	of birth is _	
My address	is(Street Nu	umber and Name)	(City)	,	(Zip Code)	(Country)
I declare un	der penalty of	f perjury that the	e foregoing is t	rue and c	orrect.	
Executed in		County, Stat	e of Texas, on	the	day of	
211000110001 111			,		0.00, 0.1	(Month) (Year)
					Signatu	ıre
		11	11 0			
<b>D</b>	. C 1		Use Only	,	D - '	
De		Currently I	Meets Elig	gibility	_	rements?
	$\square$ YE	S			□ NO	
		Date				