WARRANT O	R CAUSE NO	OFFEN	NSE: _	
THE STATE OF TEXAS			§	IN THE DISTRICT COURT
VS.			§	33 RD /424 TH JUDICIAL DISTRICT
10.			-	
Defendant			§	COUNTY, TEXAS
Defendant				
I do not wish to have ar Signature:				
AFFID	AVIT OF INDIG	ENCE FOR CO	OURT	APPOINTED ATTORNEY
you need assistance, notify	the person in charg	ge of taking the ap	plicatio	esult in the application not being considered. If on. You must answer each question truthfully; de but not limited to perjury.
1. LAST NAME		FIRST NAME		MIDDLE
2. ADDRESS				
3. TELEPHONE NUMBER:			Ema	il:
4. MARRIED SINGLE _	DIVORCED	SEPARATED	S	OCIAL SECURITY NO
5. NAME OF SIGNIFICANT O	THER			
6. NUMBER OF CHILDREN L	JNDER 18 LIVING W	ITH YOU	AGES	
7. ARE YOU PAYING?	RECEIVING?	CHILD SUPPORT	? HOW I	MUCH? PER MONTH
8. ARE YOU EMPLOYED?	IF YES, NAMI	OF EMPLOYER _		# OF YRS
				COME, IF AVAILABLE \$PER
10. ARE YOU RECEIVING IN IF YES, FROM WHO REC				ROM ANY OTHER SOURCE? YES NO DUNTS:
11.IF UNEMPLOYED, NAME (OF LAST EMPLOYER	R, DATE LAST EMF	PLOYED), AND AMOUNT PAID:.
MONTHLY EXPENS	SES		<u>SSETS</u>	
RENT/HOUSE PAYMENT		HOUSE VALUE		
CAR PAYMENT	 	CAR VALUE		
CREDIT CARDS LOAN PAYMENTS	 	CASH BANK ACCOUNT	T(C)	
	 	BANK ACCOUN STOCKS	1(5)	
MEDICAL PAYMENTS				
CHILD CARE/ SUPPORT	 	JEWELRY		
INSURANCE	+	FURNITURE		
UTILITIES	+	OTHER		
FOOD & CLOTHING IRS / OTHER	+	TOTAL		
TOTAL EXPENSES				
TOTALINCOME		DEFENDANT	r SIGNA	ATURE DATE
(MONTHLY) DIFFERENCE	+			
	L DEED DEED SE :::	= d. : d		
SWORN TO AND SUBSCR	IIRED RELOKE WI	= on this the	day	of, 2020.