

INDIGENCY HEARING QUESTIONNAIRE

(Please Complete and Bring With You to Court)

PERSONAL INFORMATION:

1. Name: _____
2. Address: _____
3. City, State Zip: _____
4. Home Phone: _____ Work Phone: _____
5. Date of Birth: _____ Age: _____
6. Social Security No. _____
7. Driver's License No. _____
8. Texas ID No. _____
9. Spouse's Name: _____
10. Do you and your spouse live together? _____
11. Do you have children living in your home? _____
12. If yes, how many? _____ What are their ages? _____
13. Name, address, telephone number of a relative not living with you:

EMPLOYMENT HISTORY:

1. Where do you work? _____
2. Work Phone No. _____
3. Name of Your Immediate Supervisor: _____
4. How long have you worked for this company? _____
5. What are your job duties? _____
6. If you are not working, why not? _____
7. List the names of three (3) businesses where you have applied for work in the past three (3) months:
A. _____
B. _____
C. _____
8. Are you paid (weekly) (bi-weekly) (monthly)? (Circle One)
9. Where does your spouse work? _____
10. How long? _____ What does he/she do? _____
Is he/she paid (weekly) (bi-weekly) (monthly)? (Circle One)
11. Do any of your children living with you work? _____
If so, where: _____

INCOME:

1. Your Income: _____
2. Spouse's Income: _____
3. Children's Income: _____
4. Social Security Check: _____
5. Retirement Check: _____
6. Disability Check: _____

7. Worker's Compensation Check: _____
8. Insurance Proceeds: _____
9. AFDC: _____
10. Food Stamps: _____
11. Assistance from Family: _____
12. Assistance from Social Agencies: _____
13. Scholarships: _____
14. School Financial Aid: _____

TOTAL: \$ _____

EXPENSES:

1. Rent/Mortgage: _____
2. Utilities: (electric, gas, water) _____
3. Car Payment: _____
4. Car Insurance: _____
5. Medical Insurance: _____
6. Car, Gasoline & Maintenance: _____
7. Child Care: _____
8. Court Ordered Child Support: _____
9. Other Court Ordered Payments: _____
10. IRS Taxes Liens/Levies: _____

TOTAL: \$ _____

ASSETS:

Do you own any of the following items, which are paid for?

- | | |
|-----------------------------------|--------------|
| 1. Car _____ | Value: _____ |
| 2. Truck _____ | Value: _____ |
| 3. Boat _____ | Value: _____ |
| 4. Jewelry _____ | Value: _____ |
| 5. Television _____ | Value: _____ |
| 6. VCR _____ | Value: _____ |
| 7. Stereo _____ | Value: _____ |
| 8. Tools _____ | Value: _____ |
| 9. Furniture _____ | Value: _____ |
| 10. Musical Instruments _____ | Value: _____ |
| 11. Antiques _____ | Value: _____ |
| 12. Camping Equipment _____ | Value: _____ |
| 13. Lawn & Garden Equipment _____ | Value: _____ |
| 14. Real Estate _____ | Value: _____ |
| Location: _____ | |

PAYMENT PROPOSAL:

Based on my current financial condition, I can pay \$_____ per month on the _____ day of each month.

I hereby certify that all statements contained herein are true and correct to the best of my knowledge.

Defendant

Date