



INDIGENCY HEARING QUESTIONNAIRE

Personal Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ DL# \_\_\_\_\_

Texas ID No: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Do you and your spouse live together? \_\_\_\_\_

Do you have children living in your home? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

What are the ages of the children: \_\_\_\_\_

Name, address, telephone number of relative not living with you: \_\_\_\_\_

Employment History:

Where do you work? \_\_\_\_\_

Work phone: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

How long have worked at your current position? \_\_\_\_\_

What are your job duties? \_\_\_\_\_

If you are not working, why not? \_\_\_\_\_

List the names of three businesses where you have applied for work in the past three (3) months:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Are you paid:            Weekly            Bi-weekly            Monthly

Where does your spouse work? \_\_\_\_\_

How long has your spouse worked at this job? \_\_\_\_\_

What is your spouse's position? \_\_\_\_\_

Is your spouse paid      Weekly      Bi-Weekly      Monthly

Do any of your children work? \_\_\_ Yes \_\_\_ No    If so, where? \_\_\_\_\_

**Income:**

What is your Income? \_\_\_\_\_ Spouse's Income: \_\_\_\_\_

Children's Income? \_\_\_\_\_

Social Security Income? \_\_\_\_\_ Worker's Compensation Income? \_\_\_\_\_

Retirement Income? \_\_\_\_\_ Insurance Income? \_\_\_\_\_

AFDC \_\_\_\_\_ Food Stamps/TANF? \_\_\_\_\_

Assistance from Family members: \_\_\_\_\_

Social Services \_\_\_\_\_

Scholarships \_\_\_\_\_ School Financial Aid \_\_\_\_\_

**Total Income:**      \$ \_\_\_\_\_

**Expenses:**

Rent/Mortgage: \_\_\_\_\_ Utilities: \_\_\_\_\_

Car Payment: \_\_\_\_\_ Car Insurance: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Child Care: \_\_\_\_\_

Court Ordered Child Support \_\_\_\_\_ Other Court Ordered Payments: \_\_\_\_\_

IRS Tax Liens/Levies: \_\_\_\_\_

Other maintenance, gasoline, personal care items: \_\_\_\_\_

**Total Expenses:**      \$ \_\_\_\_\_

**Assets:**

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

Car:	Value: _____
Truck:	Value: _____
Boat:	Value: _____
Jewelry:	Value: _____
Television:	Value: _____
VCR/DVD:	Value: _____
Stereo:	Value: _____

Tools: Value: \_\_\_\_\_  
Furniture: Value: \_\_\_\_\_  
Musical Instruments: Value: \_\_\_\_\_  
Antiques: Value: \_\_\_\_\_  
Camping Equip: Value: \_\_\_\_\_  
Lawn Equip: Value: \_\_\_\_\_  
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

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

