IN THE DISTRICT COURT OF PITTSBURG/MCINTOSH COUNTY
STATE OF OKLAHOMA

4/8/26

STATE OF OKLAHOMA, Plaintiff,

vs.

Case No. CF-2026-60

Deraje Nathaniel Jackson, Defendant.

in custody

PAUPER'S AFFIDAVIT --CRIMINAL CASE

I, (Name) Deraje Nathaniel Jackson

(Contact Phone Number) 918-916-4120 (Last 4# of SSN) 5820

(Address) 208 N 8th St. McAlester, OK 74501

upon oath, do depose and state:

RECEIVED AND FILED
IN DISTRICT COURT
PITTSBURG COUNTY, OKLA
2026 APR -2 PM 4:24
PAM SMITH
BY [signature] DEPUTY

I. POSTING BOND AND HIRING COUNSEL

A. If you have posted bond, state the amount of the bond posted. None

B. Have you retained counsel in this case or in any other pending criminal case? Yes( ) No(X)

If so, state the case number, court, attorney and amount paid to attorney for services:

None

C. If you have posted bond, what was the source of the money?

No I paid it with my own money
No A friend/family member/relative or another person paid for my bond
No Name of Person who paid the bondsman or cash bond None
No Relationship (family, friend, etc.) None

DO NOT LIST THE NAME OF YOUR BONDSMAN. THIS QUESTION ASKS FOR WHO PAID THE BONDSMAN OR A CASH BOND ON YOUR BEHALF

D. Do you have any friends or relatives who are able and willing to assist you in hiring counsel and paying for transcripts? Yes( ) No(X)

If so, have those persons been asked to help? Yes( ) No(X)

E. If someone gave you financial assistance in this case, including the posting of bond, but is no longer able or willing to do so, an affidavit to that effect from that person shall be attached, stating why such help is no longer available. That person must complete *Addendum A* attached.

APPROVED:

4-2-26

Modified Form 13.3 to comply with 22 O.S. §1355A (January 2025). Modified October 2025 to clarify Section I, add Addendum A

IN CUSTODY DEFENDANTS SKIP TO SECTION II

LIST THREE (3) ATTORNEYS YOU HAVE CONTACTED REGARDING REPRESENTATION:

Name: None How Contacted: No Ability to Pay quoted Fee? Yes( ) No (X)

Name: None How Contacted: No Ability to Pay quoted Fee? Yes( ) No (X)

Name: None How Contacted: No Ability to Pay quoted Fee? Yes( ) No (X)

LIST THREE (3) PERSONAL REFERENCES:

Name: Jordon May Phone: [illegible]

Name: DeWayne Jackson Phone: [illegible]9

Name: Betty Jackson Phone: I don't Know

II. PERSONS IN HOUSEHOLD

Is the Person Listed A Dependent?

Spouse: None Yes( ) No(X)

Children: None Yes( ) No(X)

Yes( ) No( )

Yes( ) No( )

Others: [illegible] Yes( ) No(X)

Are you claimed as a dependent by parent or guardian? Yes( ) No(X)

If so, explain: None

III. FINANCIAL STATUS--ASSETS (Defendant or person(s) responsible for defendant's support):

A. 1. Cash on Hand: $ None

2. Bank Accounts:

Bank Name/Address	Last four digits of Account #	Checking/Savings	$ Amount
Cash App	I don't Know	Checking	0

3. All Other Possessions of Value: (including tax refunds, stimulus checks, notes, accts. receivable, etc.)

Modified Form 13.3 to comply with 22 O.S. §1355A (January 2025). Modified October 2025 to clarify Section I, add Addendum A

Description	Value
None	None

B. 1. Current Employment: (Name of Employer, Dates of Employment)

Taco Bell 7-11-24 to 3/26

2. Earnings: (Hourly/Weekly/Monthly Rate of Pay)

$10/hour Bi-weekly Paycheck

3. If not currently employed, last employment:

Place & Date:

None

4. Supplemental Income: (V.A., Soc. Security, Disability, Child Support, etc.)

None

C. Home and Other Real Estate:

Real Property	Value	Balance Owed
None	None	None

D. Vehicle(s):

Description	Value	Balance Owed
None	None	None

Modified Form 13.3 to comply with 22 O.S. §1355A (January 2025). Modified October 2025 to clarify Section I, add Addendum A

E. Personal Property: (furniture, appliances, tools, equipment, etc.)

Items	Market Value	Balance Owed
None	None	None

F. Litigation you or your spouse have pending for recovery of money:

Case No.	County
None	None

IV FINANCIAL STATUS--LIABILITIES

A. Charge or Open Accounts:

Description	Balance
Cash App	None

B. House payment or Rent:

Mortgagee/Landlord	Monthly Payment
None	None

If own, balance: None

C. Child Support Obligations

Monthly Payment: None

D. Other Debts:

Creditor	Balance
None	None

I further swear and affirm that I am without funds or other sources of income to pay an attorney or to pay for transcripts and costs associated with this case. I understand I am under a continuing obligation to keep this Court informed of any changes in my financial status and this Court may conduct another hearing to determine my indigent status at any time.

VERIFICATION

Pursuant to Title 12 O.S. §426, I state under penalty of perjury, under the laws of the State of Oklahoma, that the foregoing is true and correct.

3-30-26 Pittsburg County Jail
DATE AND PLACE SIGNED

Deray Jackson
DEFENDANT

ADDENDUM A

AFFIDAVIT

I, None, paid the bond for
(Name of Person Who Paid The Bondsman)

Deraje Nathaniel Jackson.
(Name of Defendant)

I do not have additional money to pay for an attorney.

VERIFICATION

Pursuant to Title 12 O.S. §426, I state under penalty of perjury, under the laws of the State of Oklahoma, that the foregoing is true and correct.

3-30-26 Pittsburg County Jail
DATE AND PLACE SIGNED

Deray Jackson
Signature of Person Who Paid Bond

Modified Form 13.3 to comply with 22 O.S. §1355A (January 2025). Modified October 2025 to clarify Section I, add Addendum A