
Defendant's Name

Defendant's Address

City, State & Zip

Telephone

IN THE SEVENTH JUDICIAL DISTRICT COURT
CARBON COUNTY, STATE OF UTAH

STATE OF UTAH
Plaintiff,

vs.

Defendant.

AFFIDAVIT OF INDIGENCY

Case No. _____

Judge _____

Defendant provides the following information required by Utah Code Section 77-32-1.1:

DEFENDANT'S FINANCIAL INFORMATION

Fill out the following table completely.

Employer's Name & Address	Monthly Net Income	Monthly Gross Income
Alimony received		
Child Support received		
Income in the past 12 months from any other non-governmental source including business, profession or other self-employment; rent payments; interest or dividends; pensions, annuities, or life insurance payments; gifts or inheritance		
Income from government financial support including social security benefits, AFDC, worker's compensation, veterans noneducational benefits, housing, food, or other living allowances paid to members of the military, clergy, and others.		

If Defendant is currently not employed: _____ Date & state of last employment

_____ Salary/wages per month when last employed

Amounts in cash or in any bank accounts including savings and checking	
Amounts owing to Defendant including accounts receivable	

List of home, land or other real property and vehicles or other personal property owned in whole or in part by Defendant, its location and its approximate value. Include any real or personal property which Defendant has transferred to a third party since the date of the offense alleged in the information.

Property	Location	Value

List of Defendant's debts.

To whom owed	Amount	To whom owed	Amount

List of Defendant's monthly expenses.

	Amount		Amount		Amount
Food		Gas		Other (list)	
Clothing		Water			
Transportation		Sewer			
Mortgage/rent		Car Payments			
Electricity		Medical Payments			

DEFENDANT'S DEPENDENTS:

Name	Age	Relationship	Name	Age	Relationship

STATE OF UTAH)
)ss
 COUNTY OF _____)

Being sworn, I state that I, _____, am the Defendant; that I have read this Affidavit and the statements in it are true and correct to the best of my knowledge; and that due to my poverty I am unable to bear the expenses of hiring an attorney to defend myself in this proceeding.

 (Signature of Defendant)

Subscribed and sworn before me on _____

 NOTARY PUBLIC/CLERK
 My Commission Expires

CERTIFICATE REGARDING INMATE ACCOUNT

Inmate name _____

Inmate number _____

I certify that above referenced inmate does not have a bank account within the institution in which the inmate is confined.

Signature of Authorized Officer of Institution

I certify that on the _____ day of _____, 20 ____, the above referenced inmate has the sum of \$ _____ on account at the _____ institution where the inmate is confined. I further certify that the attached records are true and accurate copies of the business records pertaining to the inmate's account(s) during the past six months.

Signature of Authorized Officer of Institution

PLEASE ATTACH A STATEMENT ON THE INMATE'S ACCOUNT FOR THE PAST SIX MONTHS.