

**FINANCIAL AFFIDAVIT**  
**In Support of Request for Appointment of Counsel Based Upon Indigency**

Case #: \_\_\_\_\_ Address: \_\_\_\_\_  
 Full Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Message Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Please provide your phone number and email, the court will notify you of future court dates by phone and your court orders will be automatically emailed to you.**

<b>EMPLOYMENT</b>	Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Self employed <input type="checkbox"/> Name of employer: _____ _____ If YES how much do you earn per month \$ _____ OR per hour \$ _____ If NO, give month and year of last employment ____/____ How much did you earn per month \$ _____ per hour \$ _____ If married is your spouse employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES how much does your spouse earn per month \$ _____ OR per hour \$ _____ If you are a minor under 18 years of age, what is your parent's or guardian's total approximate income per month \$ _____														
<b>OTHER INCOME</b>	Please list all other sources of income for the last 12 months: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><b>SOURCES</b></th> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;"><b>AMOUNT RECEIVED</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Retirement _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Alimony _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Child Support _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">SSI/Disability _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Food Stamps/Public Assistance _____</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Other _____</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table>	<b>SOURCES</b>	<b>AMOUNT RECEIVED</b>	Retirement _____	\$ _____	Alimony _____	\$ _____	Child Support _____	\$ _____	SSI/Disability _____	\$ _____	Food Stamps/Public Assistance _____	\$ _____	Other _____	\$ _____
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Other _____	\$ _____														
<b>CASH/SAVINGS</b>	Do you have any cash on hand, money in savings or checking accounts, or money in a retirement fund or other account? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state total amount \$ _____														

<b>PROPERTY</b>	Do you own your own home or any other real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing)? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>IF YES LIST VALUE &amp; DESCRIBE PROPERTY</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%; text-align: center;">VALUE</th> <th style="text-align: center;">PROPERTY DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">\$ _____</td> <td style="padding: 2px;">_____</td> </tr> </tbody> </table>	VALUE	PROPERTY DESCRIPTION	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
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<b>DEPENDENTS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> <b>MARITAL STATUS</b>  <input type="checkbox"/> SINGLE  <input type="checkbox"/> MARRIED  <input type="checkbox"/> WIDOWED  <input type="checkbox"/> SEPARATED OR DIVORCED         </td> <td style="width: 15%; padding: 5px; vertical-align: top;">           Total Number Of Dependents            _____         </td> <td style="padding: 5px;">           List persons you actually support and your relationship to them            _____            _____            _____            _____            _____         </td> </tr> </table>	<b>MARITAL STATUS</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total Number Of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____ _____ _____
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<b>DEBTS &amp; MONTHLY EXPENSES (List all creditors, including banks, loans, credit card accounts, etc.)</b>		
<b>CREDITORS</b>	<b>TOTAL DEBT</b>	<b>MONTHLY PAYMENT</b>
Rent or Mortgage _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Amount owed or paid in child support _____	\$ _____	\$ _____

I swear under penalty of perjury that the foregoing is true and correct and that I have not omitted any information that is relevant to my financial status. I acknowledge that I have an ongoing duty to inform the Court of any change in my financial status and that my status may be reviewed at any time. I also understand that I may be required to provide documentation to the Court to prove my financial status.

SIGNATURE OF DEFENDANT \_\_\_\_\_ DATE \_\_\_\_\_

