

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.

EMPLOYMENT	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 \$ _____														
OTHER INCOME	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;">SOURCES</th> <th style="text-align: left; border-bottom: 1px solid black; padding: 5px;">AMOUNT RECEIVED</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>	SOURCES	AMOUNT RECEIVED	Retirement _____	\$ _____	Alimony _____	\$ _____	Child Support _____	\$ _____	SSI/Disability _____	\$ _____	Food Stamps/Public Assistance _____	\$ _____	Other _____	\$ _____
SOURCES	AMOUNT RECEIVED														
Retirement _____	\$ _____														
Alimony _____	\$ _____														
Child Support _____	\$ _____														
SSI/Disability _____	\$ _____														
Food Stamps/Public Assistance _____	\$ _____														
Other _____	\$ _____														
CASH/SAVINGS	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 \$ _____														

PROPERTY	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"/> IF YES LIST VALUE & DESCRIBE PROPERTY <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	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
VALUE	PROPERTY DESCRIPTION										
\$ _____	_____										
\$ _____	_____										
\$ _____	_____										
\$ _____	_____										

DEPENDENTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> MARITAL STATUS <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>	MARITAL STATUS <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 _____ _____ _____ _____
MARITAL STATUS <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 _____ _____ _____ _____		

DEBTS & MONTHLY EXPENSES (List all creditors, including banks, loans, credit card accounts, etc.)		
CREDITORS	TOTAL DEBT	MONTHLY PAYMENT
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 _____

