



**Defendant's Financial Information**

Expenses (total or partial) that you or your spouse are responsible for paying not that someone else is paying	Monthly Payment
Rent /Mortgage Payment	
Car Payment	
Insurance - (Life, Health, Car, Homeowners, etc.)	
Child Care	
Water	
Gas (home)	
Telephone / Cell Phone	
Electricity	
Food (actual dollars spent; not SNAP amount)	
Medical	
<b>TOTAL MONTHLY EXPENSES</b>	

Income	Monthly Amount
Take Home Pay	
Spouse's Take Home Pay	
Rental Income	
Retirement Income	
Unemployment	
Social Security (any type)	
SSI	
Child Support Received	
TANF	
Cash Gifts	
Other (Describe)	
<b>TOTAL MONTHLY INCOME</b>	

Public Assistance  
Are you currently receiving (check all that apply)

SNAP, formerly Food Stamps

Medicaid

Public Housing

Assets		Value
Asset		
A. Real Property(excluding homestead) Location:		\$
B. Automobile(s)		
Make	Model Year	\$
Make	Model Year	\$
Make	Model Year	\$
C. Other Property (boat, recreational vehicle, etc.)		\$
D. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
<b>ASSETS TOTAL VALUE</b>		<b>\$</b>

**FORM MUST BE DATED AND SIGNED BY DEFENDANT OR IT WILL BE REJECTED**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I have been advised of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a representative of the Court can verify any of the information for accuracy as required to determine my eligibility.

\_\_\_\_\_  
Defendant's Signature

The Court's designee finds the defendant is / is not / is partially indigent.

Denial/Partial Reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of Designee

\_\_\_\_\_  
Date