

Defendant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Cause # \_\_\_\_\_ Special Needs: \_\_\_\_\_

Booking # \_\_\_\_\_

**Affidavit of Indigence**

To determine eligibility for Court Appointed Attorney, you must complete this form.

| Size of family Unit (Members of immediate family that you support financially (List name, age & relationship)) |      |               |
|--|------|---------------|
| Name:  | Age: | Relationship: |
|  |      |               |
|  |      |               |
|  |      |               |

| Monthly Income         | Necessary Monthly Living Expenses                             | Non-exempt Assets         |
|------------------------|---|---------------------------|
| Your Salary            | Rent / Mortgage:  | Cash on hand              |
| Spouse's Salary        | Transportation:<br>Make:                      Model:<br>Year: | Value of Stocks and Bonds |
| SSI/SSDI               | Car Payment   | Amount in Savings Account |
| AFDC                   | Car Insurance   |                           |
| Social Security Check  | Utilities (gas, electric, etc.)                               |                           |
| Child Support          | Clothes/Food  |                           |
| Other Government Check | Day Care / Child Care   |                           |
| Other Income           | Health Insurance  |                           |
|                        | Medical Expenses  |                           |
|                        | Credit Cards  |                           |
|                        | Court-Ordered Monies  |                           |
|                        | Child Support   |                           |
| <b>TOTAL INCOME:</b>   | <b>TOTAL NECESSARY EXPENSES:</b>                              | <b>TOTAL ASSETS:</b>      |

**STAFF USE ONLY:**

Comments:

\_\_\_\_\_

Total Monthly Income: \_\_\_\_\_  
 Total Monthly Expenses: - \_\_\_\_\_  
 Difference (net income): = \_\_\_\_\_

**Defendant Meets Eligibility Requirements**  
 \_\_\_ YES \_\_\_ NO \_\_\_ UNDETERMINED

*I have been advised of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation.*

**\*All information is subject to verification. Falsification of information is a criminal offense.**

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

\_\_\_\_\_  
 Date