**Affidavit of Indigency and Request for Court-Appointed Attorney**

I am unable to pay court costs. I declare **under penalty of perjury** that the statements made in this Affidavit of Indigency are true and correct.

My name is:

*First Middle Last*

My address is:

Address City State Zip Country

I can be reached by telephone at: ( ) or ( ) My date of birth is: / / . My email address is:

Citizenship: \_\_\_\_\_\_\_ Language(s): \_\_\_\_\_\_\_ Interpreter or Assistance Needed: Yes No If yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No High School/GED Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Yes No Currently on Bond Bond Amount: \_\_\_\_\_\_\_\_\_\_\_\_ Bond Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SingleDivorced Married Widowed Separated

 **List each of the people other than yourself who live in your household. *Do you provide more***

***than half of their***

***Name Age Relationship to me financial support?***

|  |  |  |
| --- | --- | --- |
| a)  | Yes | No |
| b)  | Yes | No |
| c)  | Yes | No |
| d)  | Yes | No |
| e)  | Yes | No |
| f)  | Yes | No |

#  I currently receive these public benefits/government entitlements that are based on indigency:

|  |  |
| --- | --- |
| ***(Check all that apply)*** |  Emergency Assistance |
| Food Stamps/SNAP |  Low-Income Energy Assistance |
| SSI |  Community Care via DADS |
| TANF |  Needs-based VA Pension |
| WIC |  County Assistance, County Health Care, or General Assistance |
| Medicaid |  Child Care Assistance via Child Care and Development Block Grant |
| CHIP |  Other  |

**OR** I do NOT received public benefits based on indigency.

#  My income sources are:

|  |  |  |
| --- | --- | --- |
| **Wages** |  **Job Title** |  **Employer’s Name** |
|  $ 1st job: |  |  |
|  $ |  |  |
| ***Or*** I am unemployed. I have been unemployed since: (*date)* | / /  |

**My other income sources are:** Child/spousal support Worker’s comp Disability Tips/bonuses Unemployment Social Security Retirement/pension My spouse’s income or income from another member of my household ***(if available)*** Military housing

Dividends/interest/royalties Other income ***(Describe)****:*

|  |
| --- |
|  **My income amounts are :** |
| $  | is my total monthly net income from all **WAGES** after taxes are taken out. |  |
| + $  | is amount of income I receive each month in **PUBLIC BENEFITS.** |  |
| i+ $  | is the amount of funds I receive **FROM OTHER PEOPLE.**  |
| + $  | is the amount of income I receive each month from **OTHER SOURCES**. |  |
| **= $**  | is my **TOTAL** monthly income. |  |  |
|  **My property includes:** |  |  |
| **The total value**\* **of my property is described below:***\*The value is the amount the item would sell for minus the amount you still owe on it (if anything)* **Value\*** |  |
|   |
| **Cash** | $  |  |
| Bank accounts, assets  | $  |  |
|  $  | **My monthly expenses are:** | **Amount** |
| Vehicles *(ex: car, boat)* ***(make, model, year)*** | Rent/house payments, maintenance | $ |
|  $  | Food, household supplies | $  |
|  $  | Utilities, telephone, cell phone | $  |
|  $  | Clothing, laundry | $  |
| Real estate ***(ex: house, land)*** | Medical/dental expenses | $  |
|  $  | Insurance ***(ex: life, health, auto)*** | $  |
|  $  | School/child care | $  |
| Other property ***(jewelry, stocks)***: | Vehicle payment(s) | $  |
|  $  | Gas, bus fare, auto repair | $  |
|  $  | Child/spousal support | $  |
|  $  | Wages withheld by court order | $  |
|  $  | Debt payments | $  |
|  $  |  Other expenses:  | $  |
| Total value of property = $ | Total monthly expenses = $ |

I have been advised by the Court of my right to representation by counsel in the trial of the charge pending against me. I hereby swear or affirm the above information is true and correct, I certify that I am without means to employ counsel of my own choosing and I request the Court to appoint an attorney to represent me in the above cause.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Defendant’s Signature

SUBSCRIBED AND SWORN TO before me this the\_\_\_\_day\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_at\_\_\_\_\_\_\_\_\_a.m/p.m.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public