ACCUSED’S FINANCIAL AFFIDAVIT AND APPLICATION FOR APPOINTED COUNSEL

DECLARACION FINANCIERA DE ACUSADO Y LA APLICACION PARA ABOGADO DESIGNADO

# **Case Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Numero de Caso: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Full legal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (I am fully competent to make this affidavit).
2. Nombre legal complete:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Soy totalmente competente de hacer esta declaracion.)

1. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. El Numero de Seguro Social:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

El Numero de Licencia:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other names I have used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Otros nombres que he usado:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Age: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Edad:\_\_\_\_\_\_ Fecha de Nacimiento:\_\_\_\_\_\_\_\_\_ Lugar de Nacimiento:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Names and relationships of those persons who live with me or who are otherwise dependent upon me for support:

Name: Relationship: Age:

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

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

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

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

1. Lose nombres y la relacion de esas personas que viven conmigo o que son de otro modo dependiente sobre mi para el apoyo:

Nombre: Relacion: Edad:

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

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

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

1. Married: YES( ) NO ( ) Number of years married:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Casado Si: SI ( ) NO ( ) el number de anos de casados:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Direccion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephono#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long at this address: \_\_\_\_\_\_\_\_\_\_\_\_ How long at previous address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Cuanto tiempo en esta direccion:\_\_\_\_\_\_\_\_\_ Cuanto tiempo en la direccion previa:\_\_\_\_\_\_\_\_

1. House, apartment, condominium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renting or buying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. La casa, el apartamento, condominio:\_\_\_\_\_\_\_\_\_\_\_\_ Rentando o comprando:\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am employed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Soy empleado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desempleado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Job or Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Trabajo o Ocupacion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Employer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long with current employer: \_\_\_\_\_\_\_\_

12. Nombre del Empleador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cuanto tiempo con empleador actual: \_\_\_\_\_\_\_\_

1. Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. La Direccion del Empleador: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. El nombre de supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Numero de telefono de trabajo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If unemployed, last employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long with this employer:\_\_\_\_\_\_\_

16. Si desempleado, ultimo empleador: \_\_\_\_\_\_\_\_\_ Cuanto tiempo con este empleador: \_\_\_\_\_\_

17. My total monthly income from:

(a) take home wages, net self-employment income, regular payments from a governmental program, alimony, child support, pensions, income from rents, royalties, and other income:

$\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) food stamps, Medicaid, Temporary Assistance for Needy Families (TANF), or Supplemental Security Income (SSI) or public housing: $\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Mi promedio de ingreso mensual total de:

(a) salario despues de impuestos, ingreso neto de empleo por cuenta propia, pago regulares de un programa de gubernamental, pension alimenticia, la manutencion de los hijos, pensiones, ingresos de rentas, ingresos de regalias, y otros ingresos: $\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) cupones de alimentos, Medicaid, Asistencia Temporal para Familias Necesitadas, o Ingreso de Seguridad Suplementario (SSI), o vivienda publica: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

18. Average **TOTAL** income of spouse: $\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Ingreso **total** promedio de esposo–(a): $ \_\_\_\_\_\_\_\_\_\_\_\_\_

19. List any and all income not considered in questions 17 and 18: $\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Lista cualquiera los y todos los ingresos no se consideran en las preguntas 17 y 18:

$\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Total cash on hand, checking accounts, savings accounts, stocks, CD, mutual funds, life insurance policies, etc.: $\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Total effective en mano, cuentas de cheques, las cuentas de ahorros, las acciones, los certificados de deposito, fondos mutuo, las politicas de seguros de vida, etc.: $\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Value of real estate owned less amount owed: $\_\_\_\_\_\_\_\_\_\_\_\_\_

21. El valor de bienes raices poseyo menos cantidad debido: $ \_\_\_\_\_\_\_\_\_\_\_\_

22. Value of automobiles less amount owed: $\_\_\_\_\_\_\_\_\_\_\_\_\_

22. El valor de automovil menos cantidad debido: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL VALUE OF 17 thru 22 $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EL VALOR TOTAL DE LINEAS 17 POR 22 $\_\_\_\_\_\_\_\_\_\_\_\_\_**

23. Monthly rent or house payment: $\_\_\_\_\_\_\_\_\_\_\_\_\_

23. La renta mensual o pago de casa: $ \_\_\_\_\_\_\_\_\_\_\_\_\_

24. Total monthly utilities: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. Total las utilidades mensuales: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. List all other recurring monthly expenses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

25. Lista de todos los demas gastos mensuales recurrentes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TOTAL MONTHLY DEBTS AND EXPENSES LINES 23-25 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL lineas 23 a 25 de deudas y gastos mensual $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

26. I am currently (check one) \_\_\_\_\_\_\_ in jail \_\_\_\_\_\_\_\_ on bond

26A. Type of bond (check one): \_\_\_\_\_Cash \_\_\_\_\_Personal \_\_\_\_\_Pretrial \_\_\_\_\_\_Surety

26B. I \_\_\_\_have \_\_\_\_have not attempted to hire an attorney in this case. The names of the attorneys I have contacted are\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Soy actualmente \_\_\_\_\_\_\_\_\_\_\_en la carcel \_\_\_\_\_\_\_\_\_\_en bono

26A. El tipo de bono (verifica uno): \_\_\_\_\_el dinero efectivo \_\_\_\_\_personal \_\_\_\_\_\_anterior al juicio \_\_\_\_\_\_\_ fiador

26B. Yo \_\_\_\_ha \_\_\_\_ no ha procurado emplear un abogado en este caso. Los nombres de los abogados que he contactado son:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. “I swear or affirm that the information and facts I have provided for the court, above, are within my personal knowledge and are true and correct. I understand that if I intentionally or knowingly give false information either in this affidavit, or during any hearing on my financial status, that I may be prosecuted for aggravated perjury and if convicted, be sentenced up to ten (10) years in the penitentiary.”

27. “Juro o afirmo la informacion y los hechos que he proporcionado para el tribunal arriba, estan dentro de mi conocimiento personal son verdad y correcto. Entiendo que si doy astutamente o intencionalmente informacion falsa o en esta declaracion durante cualquier vista en mi posicion financier que yo me puedo ser procesado para el perjurio agravado y si condenado por sentencio para server hasta (10) anos en la penitenciaria.”

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

DEFENDANT/ACUSADO

Sworn to and subscribed before me this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, A.D. 20\_\_\_\_\_.

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

MAGISTRATE