

ALL BLANKS MUST BE COMPLETED.
IF A QUESTION DOES NOT APPLY, MARK IT "N/A."

DO NOT PLACE IN CLERK'S FILE

FINANCIAL INFORMATION AND AFFIDAVIT

CAUSE No. _____ OFFENSE: _____.

DEFENDANT'S PERSONAL INFORMATION

Full legal name: _____.

Social Security number: _____ .TDL: _____.

Date of Birth: _____ . Age: _____.

Place of birth: _____.

WHERE DOES THE DEFENDANT LIVE?

Street Address:
City:
State & Zip Code:

How long have you lived at this address? _____ (years / months.)

Is this a house, apartment or condominium? (circle one) Rent or Buy? (circle one)

Do you pay the rent or house note? Yes No (circle one)

Whose name appears on the mortgage or lease? _____,

WHO DOES THE DEFENDANT LIVE WITH? FILL IN THE ANSWERS BELOW

Names	Relationship	Ages

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DEFENDANT'S EMPLOYMENT INFORMATION

Are you employed? (circle one) Yes No How long have you been employed? _____.

Job title: _____.

Employer's name: _____.

Employer's address: _____.

Supervisor's name: _____.

Work Phone: _____ Hours of work: _____.

Pay rate: _____.

Average Total monthly income from all sources: \$ _____.

If unemployed, last date and place of employment: _____.

_____.

ASSETS

Do you own any real property? Yes / No (circle one)

Location of property owned: _____.

Value of real property: _____.

Do you own a car? Yes / No (circle one) Make & Model: _____.

Value of car: _____ . Monthly car payment: \$ _____.

Who makes payment? _____.

Income	
Defendant's monthly salary	
Cash on hand (bank accounts)	
Investment Income	
Rental Income	
Pension payments	
Social Security Benefits	
Supplemental Security Income	
Food Stamps	
AFDC	
Other income	

Total Monthly Income / Assets: \$ _____
(Add additional sheets if necessary.)

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Expenses		
Reoccurring costs (per month):	Amount	Who pays these bills?
Rent or House Payment:	\$	
Car Payment:	\$	
Car Insurance:	\$	
Electricity:	\$	
Gas:	\$	
Telephone:	\$	
Water:	\$	
Cable / Satellite TV:	\$	
Medical	\$	
Insurance:	\$	
Child Care:	\$	
Child Support:	\$	
Food:	\$	
Cellular Phone:	\$	
Pager:	\$	
Credit Card Debt:	\$	
	\$	
Loan Payments		
Other monthly expenses:		
Total Monthly Expenses / Debt: \$ _____ (Add additional sheets if necessary.)		

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BANKING INFORMATION			
LIST ALL BANK AND / OR SAVINGS ACCOUNTS TO WHICH THE DEFENDANT HAS ACCESS.			
Name of Bank	Location of Bank	Type of Account	Account Balance
			\$
			\$
			\$
			\$
Totals:			\$

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AFFIDAVIT

I have / have not (circle one) attempted to hire an attorney. The names of the attorneys I have contacted are as follows:

_____.	_____.
_____.	_____.
_____.	_____.

I swear or affirm that all the information I have provided is true and correct. I understand that if I intentionally or knowingly give false answers in the financial information questionnaire or in the hearing on this motion, I may be prosecuted for the offense of aggravated perjury, a felony. I understand that the punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10, 000.00).

_____. Defendant's signature.

Sworn and subscribed before me this date. _____.

_____.
Deputy District Clerk