

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: Make: Model: 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			
TOTAL INCOME:		TOTAL NECESSARY EXPENSES:		TOTAL ASSETS:	

STAFF USE ONLY:

Comments:

Total Monthly Income: _____

Defendant Meets Eligibility Requirements

Total Monthly Expenses: - _____

Difference (net income): = _____

___ 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