

Defendant's Name: _____ County: _____

D.O.B. _____ Cause # _____ Special Needs: _____

In Custody: ____ Yes ____ No Charge(s): _____

Affidavit of Indigence

(Effective 12/09)

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:	

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

Address: _____

Phone: _____
