

Name: \_\_\_\_\_ Cause #: \_\_\_\_\_

Charge(s): \_\_\_\_\_ County & Court: \_\_\_\_\_  
\_\_\_\_\_

**INDIGENCE WORKSHEET**

1. **BENEFITS** – Do you or your Financial Dependents receive Public Assistance?  YES  NO  
Specify:  Food Stamps  Medicaid  Disability  TANF  SSI  Housing Assistance

2. **JAIL/COMMITTED** – Are you currently in jail, in prison and serving a sentence, residing in a public mental health facility, or subject to a mental health commitment proceeding?  YES  NO

3. **HOUSEHOLD** – How many adults live in your home (*only count you & spouse*)? (1 or 2) \_\_\_\_\_  
How many are currently employed? (0 to 2) \_\_\_\_\_  
How many of your children (or dependents) *live with you*, if any? . . . . . \_\_\_\_\_

4. **INCOME** – provide all your sources of money/income **each month**, except government benefits:  
Your wages/salary: \$ \_\_\_\_\_/hr. & average # Hours/week: \_\_\_\_; OR \$ \_\_\_\_\_/\_\_\_\_  
Your 2<sup>nd</sup> job wages: \$ \_\_\_\_\_/hr. & average # Hours/week: \_\_\_\_; OR \$ \_\_\_\_\_/\_\_\_\_  
Your spouse’s pay: \$ \_\_\_\_\_/hr. & average # Hours/week: \_\_\_\_; OR \$ \_\_\_\_\_/\_\_\_\_  
Child Support you *receive* (not what you pay): \$ \_\_\_\_\_  Weekly  Monthly  
Other Income: \_\_\_\_\_

5. **SPECIAL FINANCIAL CIRCUMSTANCES** – please list anything else you want the court to consider (PLEASE DO NOT DISCUSS MATTERS RELATED TO YOUR PENDING CHARGES/INDICTMENTS):  
\_\_\_\_\_  
\_\_\_\_\_

6. **REQUEST FOR APPOINTMENT OF ATTORNEY** – If you are facing punishment by confinement in jail or prison and are financially unable to employ an attorney, you have the right to request that an attorney be appointed to represent you on your pending criminal charge(s).

**Do you request appointment of counsel to represent you on your pending criminal charge?**  
 NO  YES, I respectfully request appointment of counsel to represent me.

**I understand that I am providing the foregoing information under oath, subject to penalty of perjury. I hereby swear or affirm that the foregoing information within my personal knowledge and is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

SWORN and SUBSCRIBED before me this day.

\_\_\_\_\_  
Notary/Clerk/Magistrate Date

\_\_\_\_\_  
Signature of Judge Date  Approved  Denied

Notes: \_\_\_\_\_