

CCN _____
CHARGE _____

CONFIDENTIAL

INDIGENCY SCREENING FORM

Name _____

Address _____
(Street) (City) (State) (Zip Code)

1. Place an "x" next to any of the following types of assistance you receive:

- | | |
|--------------------------|---|
| _____ Welfare | _____ Poverty Related Veterans' Benefits |
| _____ Food Stamps | _____ Temporary Assistance for Needy Families |
| _____ SSI | _____ Refugee Settlement Benefits |
| _____ Medicaid | _____ Other - Please Describe _____ |
| _____ General Assistance | _____ |

2. Do you work or have a job? _____ yes _____ no. If yes, occupation: _____

Employer's name & phone number _____

3. Do you have a spouse or partner who lives with you? _____ yes _____ no. If yes, name: _____

Occupation & Employer's name _____

4. Do you and/or your spouse/partner receive unemployment, Social Security, a pension, or workers' compensation? _____ yes _____ no. If yes, please specify _____
Amount \$ _____

5. Please complete all that applies:
- | | |
|--|----------|
| a. Monthly income from work (after deductions) | \$ _____ |
| b. Spouse or partner's monthly income from work (after deductions) | \$ _____ |
| c. Contribution from any person living w/you | \$ _____ |
| d. Interest, dividends, or other earnings | \$ _____ |
| e. Other income (specify) _____ | \$ _____ |

6. Do you and/or your spouse/partner have children residing with you? _____ yes _____ no.
How many? _____

7. Including yourself, how many people in your household do you support? _____

8. Do you own a home? _____ yes _____ no. If yes: Value _____ Amount owed _____

9. Do you own a vehicle(s)? _____ yes _____ no. If yes, year(s) and model(s) of vehicle(s): _____
Value of vehicle(s) _____ Amount owed on vehicle(s) _____

10. How much money do you have in checking/saving account(s)? _____

Stocks, bonds or other investments? _____

11. Other than routine living expenses such as rent, utilities, food, etc. do you have other expenses such as child support payments, court-ordered fines or medical bills, etc.? If so, describe:

12. Do you have money available to hire a private attorney? _____yes _____no

13. Do you want a court appointed attorney? _____yes _____no

ACKNOWLEDGMENT AND DECLARATION:

UNDER PENALTY OF PERJURY I HEREBY CERTIFY THE FOREGOING AS BEING A COMPLETE AND ACCURATE STATEMENT OF MY CURRENT FINANCIAL CONDITION. I AUTHORIZE THE COURT, A DESIGNATED AGENCY OR THE PUBLIC DEFENDER'S OFFICE TO VERIFY THIS INFORMATION AND I AUTHORIZE ALL PERSONS LISTED ABOVE TO RELEASE MY FINANCIAL INFORMATION TO THE COURT, A DESIGNATED AGENCY OR THE PUBLIC DEFENDER'S OFFICE. I ALSO AGREE TO IMMEDIATELY REPORT ANY CHANGE IN MY FINANCIAL STATUS TO THE COURT.

AFFIANT'S SIGNATURE

DATE

ON THIS _____ DAY OF _____, 200____, PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED AFFIANT AND UPON BEING SWORN, STATES OR AFFIRMS UNDER OATH THE INFORMATION CONTAINED IN THE DOCUMENT IS TRUE AND CORRECT.

MAGISTRATE OR JUDGE

FOR COURT USE ONLY - DETERMINATION OF INDIGENCY

_____ Defendant Indigent - Bowie/Red River Public Defender Appointed

_____ Not eligible for a public defender

MAGISTRATE OR JUDGE