

DEFENDANT'S FINANCIAL AFFIDAVIT

Case Number _____ Offense: _____ Bond \$ _____

My name is _____ . I am fully competent to make this affidavit. I certify that I am financially unable to employ counsel and I hereby request the Court to appoint counsel. I am providing the following information as part of my application for a court appointed attorney. I fully understand that every question in this form must be answered and that failure to do so could result in the application for counsel not being considered.

- 1. Full legal name: _____ Home Telephone #: _____
- 2. Address: _____ How long at this address? _____
(house number, street, apt #, City, State, Zip Code)
- 3. Social Security Number: _____ TDL: _____
- 4. Other names I have used: _____
- 5. Age: _____ Date of Birth: _____ Place of Birth: _____
- 6. Relationship of those persons who live with me and who are dependent upon me for support:
Relationship _____ Age _____ Relationship _____ Age _____
Relationship _____ Age _____ Relationship _____ Age _____
- 7. Number of years married to a person listed above: _____
- 8. I live in: House, apartment, condominium: _____ Renting or Buying _____
- 9. Job or occupation: _____ How long: _____
- 10. Employer's Name: _____
- 11. Employer's Address: _____ Work Telephone # _____
- 12. Supervisor's Name: _____
- 13. If unemployed, my last job was: _____ Date employment ended: _____

INCOME

- 14. My average **TOTAL** monthly income \$ _____
- 15. Average **TOTAL** income of spouse..... \$ _____
- 16. List all other sources of income received by you or your spouse not considered in questions 14 and 15
Amount \$ _____ from _____
Amount \$ _____ from _____

ASSETS

- 17. Total of cash on hand, checking accounts, savings accounts, certificates of deposit, stocks, mutual funds, life insurance policies, etc... \$ _____
- 18. Value of real estate owned less amount owed (other than family residence)..... \$ _____
- 19. Value of automobiles less amount owed \$ _____
- TOTAL VALUE OF 17 thru 19 \$ _____**

EXPENSES

20. Monthly rent or house payment.....	\$ _____
21. Total monthly utilities	\$ _____
22. Total monthly vehicle payments.....	\$ _____
23. List all other monthly expenses:	\$ _____
a) Food	\$ _____
b) Medical	\$ _____
c) Monthly credit payments	\$ _____
d) Other (itemize)	\$ _____
1) _____	
2) _____	
3) _____	
4) _____	
TOTAL MONTHLY DEBTS AND EXPENSES	\$ _____

24. I am currently (check one) In Jail On Bond - ___ Cash ___ Personal ___ Surety

I have have not attempted to hire an attorney in this case. The names of the attorneys I have contacted are:

“I SWEAR OR AFFIRM THAT THE INFORMATION AND FACTS I HAVE PROVIDED FOR THE COURT, ABOVE, ARE WITHIN MY PERSONAL KNOWLEDGE AND ARE TRUE AND CORECT. I UNDERSTAND THAT IF I INTENTIONALLY OR KNOWINGLY GIVE FALSE INFORMATION EITHER IN THIS AFFIDAVIT, OR DURING ANY HEARING ON MY FINANCIAL STATUS, THAT I MAY BE PROSECUTED FOR PERJURY.”

DEFENDANT

Sworn to and subscribed before me this _____ day of _____, A.D. 20 _____.

NOTARY PUBLIC OR DISTRICT CLERK OR
COUNTY CLERK