

**AFFIDAVIT OF INABILITY TO EMPLOY AN ATTORNEY**

NAME: \_\_\_\_\_  
                                LAST                                MIDDLE                                FIRST

PHYSICAL ADDRESS: \_\_\_\_\_  
                                STREET                                CITY, STATE AND ZIP CODE

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ (HOME) \_\_\_\_\_ (CELL PHONE)

RESIDING WITH: (NAME AND RELATIONSHIP): \_\_\_\_\_

EMERGENCY CONTACT:

\_\_\_\_\_ NAME ADDRESS PHONE NUMBER

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE/EX SPOUSE: \_\_\_\_\_

OCCUPATION OF SPOUSE: \_\_\_\_\_ MONTHLY SALARY OF SPOUSE: \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN AT HOME: \_\_\_\_\_ AGES: \_\_\_\_\_

NUMBER OF CHILDREN NOT LIVING AT HOME AND AGES: \_\_\_\_\_

DO YOU PAY CHILD SUPPORT? \_\_\_\_\_ IF YES, HOW MUCH MONTHLY? \_\_\_\_\_

THROUGH WHICH COURT: \_\_\_\_\_

CURRENT ON CHILD SUPPORT? \_\_\_\_\_ IF NO, HOW MUCH DELINQUENT? \_\_\_\_\_

**WORK HISTORY**

CURRENT EMPLOYMENT: \_\_\_\_\_

IF NONE, EXPLAIN: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

MONTHLY INCOME (ALL SOURCES): \_\_\_\_\_ NUMBER OF JOBS HELD PAST 12 MONTHS: \_\_\_\_\_

LONGEST JOB HELD: \_\_\_\_\_

FINANCES

LIVING EXPENSES PER MONTH: \_\_\_\_\_

\_\_\_\_\_

MONTHLY CREDIT PAYMENTS: \_\_\_\_\_

\_\_\_\_\_

CURRENT ASSETS

CASH AVAILABLE (ALL SOURCES): \_\_\_\_\_ CASH THAT CAN BE BORROWED: \_\_\_\_\_

AUTOMOBILES OWNED:

YEAR	MAKE	MODEL	VALUE	LOAN BALANCE
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REAL ESTATE OWNED:

DESCRIPTION	ADDRESS	VALUE	LOAN BALANCE
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I state upon my oath that the above questions are answered true, correct, and complete. I understand that my withholding any information or my giving any false statement herein, could result in my being prosecuted for perjury. I agree to furnish to the Court or its designated agent proof of all information given, as designated by the Court.

\_\_\_\_\_  
DEFENDANT

SWORN, SUBSCRIBED and ACKNOWLEDGED to before me, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
DISTRICT CLERK

By: \_\_\_\_\_  
DEPUTY CLERK