

AFFIDAVIT OF INDIGENCE

THIS PORTION TO BE COMPLETED BY OFFICE PERSONNEL ONLY

Offense: _____

Offense: _____

Offense: _____

THIS PORTION TO BE COMPLETED BY OR WITH DEFENDANT

Name/Nombre _____ Date of Birth ____/____/____
 First Name MI Last Name

Address _____
 Street Apt No. City State Zip Code

Phone Numbers _____
 Home Cell Work Family Member

I receive: Medicaid SSI SNAP TANF Public Housing

Are you Employed? Yes No If yes, where? _____ Type of Work _____

Number of Hours per Week: _____ How long have you worked at this job? _____

Marital Status : Single Married Divorced Widowed Separated

Name of Spouse _____
 First MI Last

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MONTHLY INCOME AND ASSETS		MONTHLY EXPENSES	
My take home pay	\$	Rent/Mortgage	\$
Spouse's take home pay	\$	Utilities (Elec., Gas, Water)	\$
Child Support (Received)	\$	Total Child Expenses (Including Child Support Paid)	\$
SNAP (Food Stamps)	\$	Total Food Expenses	\$
Social Security/Disability	\$	Transportation Costs	\$
Other Government Check	\$	Cell/home phone	\$
Other Income	\$	Probation fees	\$
Assets (car, house, etc.)	\$	Medical Expenses / Health Insurance	\$
TOTAL MONTHLY INCOME AND ASSETS	\$	Minimum Monthly Credit Card Payment	\$
		TOTAL MONTHLY EXPENSES	\$

Defendant's Oath

On this _____ day of _____, 20____, I have been advised of my right to representation by counsel in connection with 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.

Defendant's Signature _____

Date _____

Defendant Currently Meets Eligibility Requirements?

YES

NO

Date _____

ORDER APPOINTING COUNSEL

_____ is appointed to represent defendant _____

on the following charge(s): _____

Approved: _____

Appointing Authority

Date: _____

Attorney's Information

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____