

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

_____ V.S. _____

FOR _____
AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant—Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Parole Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT

Are you now employed? Yes No Am Self-Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ **IF NO**, give month and year of last employment _____

How much did you earn per month? \$ _____

If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ _____

If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____

ASSETS

OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED	SOURCES
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	
\$ _____	_____
_____	_____
_____	_____

CASH

Have you any cash on hand or money in savings or checking accounts? Yes No **IF YES**, state total amount \$ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE	DESCRIPTION
IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	
_____	_____
_____	_____
_____	_____
_____	_____

OBLIGATIONS & DEBTS

DEPENDENTS

MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
<input type="checkbox"/> SINGLE		_____
<input type="checkbox"/> MARRIED		_____
<input type="checkbox"/> WIDOWED		_____
<input type="checkbox"/> SEPARATED OR DIVORCED		_____

DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) _____