

NAME: _____

BOOKING# _____

Warrant #	Issuing Authority#	Degree	Charge Description

I do not wish to have an attorney appointed to me and I will retain my own attorney. I understand that I am not giving up my right to apply at a later time.

Signature: _____ Date: _____

AFFIDAVIT OF INDIGENCE FOR COURT APPOINTED ATTORNEY

Every question on this form must be answered. Failure to do so could result in the application not being considered. If you need assistance, notify the person in charge of taking the application. You must answer each question truthfully; failure to do so could subject you to additional criminal charges, to include but not limited to perjury.

1. LAST NAME _____ FIRST NAME _____ MIDDLE _____

2. ADDRESS: _____

3. TELEPHONE NUMBER: _____ Email: _____

4. MARRIED _____ SINGLE _____ DIVORCED _____ SEPARATED _____ SOCIAL SECURITY NO. _____

5. NAME OF SIGNIFICANT OTHER _____

6. NUMBER OF CHILDREN UNDER 18 LIVING WITH YOU _____ AGES _____

7. ARE YOU PAYING? _____ RECEIVING? _____ CHILD SUPPORT? HOW MUCH? _____ PER MONTH

8. ARE YOU EMPLOYED? _____ IF YES, NAME OF EMPLOYER _____ # OF YRS _____

9. YOUR INCOME \$ _____ PER _____ SIGNIFICANT OTHER INCOME, IF AVAILABLE \$ _____ PER _____

10. ARE YOU RECEIVING INCOME OR PUBLIC ASSISTANCE BENEFITS FROM ANY OTHER SOURCE? YES _____ NO _____
IF YES, FROM WHO RECEIVED, FREQUENCY OF PAYMENT AND AMOUNTS:

11. IF UNEMPLOYED, NAME OF LAST EMPLOYER, DATE LAST EMPLOYED, AND AMOUNT PAID:

MONTHLY EXPENSES	
RENT/HOUSE PAYMENT	
CAR PAYMENT	
CREDIT CARDS	
LOAN PAYMENTS	
MEDICAL PAYMENTS	
CHILD CARE/ SUPPORT	
INSURANCE	
UTILITIES	
FOOD & CLOTHING	
IRS / OTHER	
TOTAL EXPENSES	
TOTAL INCOME (MONTHLY)	
DIFFERENCE	

ASSETS	
HOUSE VALUE	
CAR VALUE	
CASH	
BANK ACCOUNT(S)	
STOCKS	
JEWELRY	
FURNITURE	
OTHER	
TOTAL	

DEFENDANT SIGNATURE

DATE