

# 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
<b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</b>	
\$ _____	_____
_____	_____
_____	_____

**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
<b>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</b>	
_____	_____
_____	_____
_____	_____
_____	_____

**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		

APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
<b>DEBTS &amp; MONTHLY BILLS</b>			
(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) \_\_\_\_\_