

# 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
	Name and address of employer: _____
EMPLOYMENT	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT	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? \$ _____
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSETS	OTHER INCOME RECEIVED SOURCES
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____
ASSETS	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
ASSETS	IF YES, GIVE THE VALUE AND DESCRIBE IT
	VALUE DESCRIPTION

OBLIGATIONS & DEBTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	DEPENDENTS { SINGLE MARRIED WIDOWED SEPARATED OR DIVORCED	_____	_____
OBLIGATIONS & DEBTS	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	Creditors	Total Debt Monthly Paymt.
	APARTMENT OR HOME: _____	_____	\$ _____ \$ _____

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

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) \_\_\_\_\_