

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	
_____	_____
_____	_____
_____	_____
_____	_____

DEPENDENTS MARITAL STATUS: SINGLE, MARRIED, WIDOWED, SEPARATED OR DIVORCED. Total No. of Dependents: _____. List persons you actually support and your relationship to them: _____

OBLIGATIONS & DEBTS **DEBTS & MONTHLY BILLS** (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) _____