

# FINANCIAL AFFIDAVIT

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

IN THE UNITED STATES  DISTRICT COURT  COURT OF APPEALS  OTHER (Specify below)

IN THE CASE OF

\_\_\_\_\_ v. \_\_\_\_\_  
\_\_\_\_\_

FOR \_\_\_\_\_  
AT \_\_\_\_\_

|                        |
|------------------------|
| <b>LOCATION NUMBER</b> |
|                        |

PERSON REPRESENTED (Show your full name) (Address, phone number)

- 1  Defendant - Adult
- 2  Defendant - Juvenile
- 3  Appellant
- 4  Probation Violator
- 5  Supervised Release Violator
- 5  Habeas Petitioner
- 7  2255 Petitioner
- 8  Material Witness
- 9  Other (Specify) \_\_\_\_\_

|                       |
|-----------------------|
| <b>DOCKET NUMBERS</b> |
| Magistrate Judge      |
| District Court        |
| Court of Appeals      |

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

### ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| <b>INCOME &amp; ASSETS</b>  | <b>EMPLOYMENT</b>  | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed<br>Name and address of employer: _____<br><b>IF YES</b> , how much do you earn per month? \$ _____ <b>IF NO</b> , give month and year of last employment? _____<br>(Net Income) How much did you earn per month? \$ _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
|---|--|---|-----------------|----------------|---|----------|----------|-------|----------|-------|----------|----------|-------|--|----------|-------|
|   |  | If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(Net income after taxes and insurance withheld)<br><b>IF YES</b> , how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
|   | <b>OTHER INCOME</b>  | 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<br>(Food stamps, EBT, WIC, AFDC, SSI, Workers' Compensation, Unemployment, or Social Security)<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>RECEIVED</b></td> <td style="width: 50%;"><b>SOURCES</b></td> </tr> <tr> <td><b>IF YES</b>, give the amount received and identify the sources</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table> | <b>RECEIVED</b> | <b>SOURCES</b> | <b>IF YES</b> , give the amount received and identify the sources |          | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____    |       |  |          |       |
|   | <b>RECEIVED</b>  | <b>SOURCES</b>  |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| <b>IF YES</b> , give the amount received and identify the sources |  |   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| \$ _____  | _____  |   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| \$ _____  | _____  |   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| \$ _____  | _____  |   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| <b>CASH</b>   | Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , total amount? \$ _____   |   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| <b>PROPERTY</b>   | 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<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">VALUE</th> <th style="width: 30%; text-align: center;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td><b>IF YES</b>, give value and description for each</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table> |   | VALUE           | DESCRIPTION    | <b>IF YES</b> , give value and description for each               | \$ _____ | _____    |       | \$ _____ | _____ |          | \$ _____ | _____ |  | \$ _____ | _____ |
|   | VALUE  | DESCRIPTION   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
| <b>IF YES</b> , give value and description for each               | \$ _____   | _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
|   | \$ _____   | _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
|   | \$ _____   | _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |
|   | \$ _____   | _____   |                 |                |   |          |          |       |          |       |          |          |       |  |          |       |

|                                |  |   |                                  |  |
|--------------------------------|--|---|----------------------------------|--|
| <b>OBLIGATIONS &amp; DEBTS</b> | <b>DEPENDENTS</b>  | MARITAL STATUS<br>_____ Single<br>_____ Married<br>_____ Widowed<br>_____ Separated or Divorced | Total No. of Dependents<br>_____ | List persons you actually support and your relationship to them<br>_____<br>_____<br>_____ |
|                                | <b>DEBTS &amp; MONTHLY BILLS</b><br><i>(Rent, utilities, loans, charge accounts, etc.)</i> | <b>DESCRIPTION</b>  | <b>TOTAL DEBT</b>                | <b>MONTHLY PAYMENT</b>   |
|                                |  | \$ _____  | \$ _____                         |  |
|                                |  | \$ _____  | \$ _____                         |  |
|                                |  | \$ _____  | \$ _____                         |  |
|                                |  | \$ _____  | \$ _____                         |  |

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Date

Name:

Docket No./Violation Notice:

ALL AMOUNTS MUST BE MONTHLY AMOUNTS  
DEBT SCHEDULE

Do not list home mortgage debt here.

| <u>Creditor's Name:</u><br>(Banks, Loans, Charge Accounts, etc.) | <u>Reason for Debt</u><br>(Judgments, Fines, Doctors, Hospitals, etc.) | <u>Total Balance</u><br><u>Due</u> | <u>Monthly</u><br><u>Payment</u> |
|--|--|------------------------------------|----------------------------------|
| 1.   |  | \$                                 | \$                               |
| 2.   |  | \$                                 | \$                               |
| 3.   |  | \$                                 | \$                               |
| 4.   |  | \$                                 | \$                               |
| Total debt and monthly payments:                                 |  | \$                                 | \$                               |

Do you have more debts? Yes  No

If yes, continue on separate paper.

MONTHLY LIVING EXPENSE SCHEDULE (Average spent in one month)

Do not include rent payments, home mortgage payments, or debt payments here.

|                   |    |                         |    |
|-------------------|----|-------------------------|----|
| Groceries & Food  | \$ | Child support paid      | \$ |
| Cleaning supplies | \$ | Alimony paid            | \$ |
| Laundry           | \$ | Medical bills           | \$ |
| Clothing          | \$ | Gasoline & oil          | \$ |
| Utility bill      | \$ | Vehicle repairs         | \$ |
| Garbage bill      | \$ | Vehicle insurance       | \$ |
| Telephone bill    | \$ | Home/renter's insurance | \$ |
| Cable bill        | \$ | Medical insurance       | \$ |
| Entertainment     | \$ |                         |    |

Taxes on property, if not included in house not (specify property):

\$

Payment to relative (specify relative's name and relationship):

\$

Other expenses (describe in detail): (Anything not already covered above, i.e. tobacco, school lunch)

|    |    |    |
|----|----|----|
| 1. | \$ | \$ |
| 2. | \$ | \$ |
| 3. | \$ | \$ |
| 4. | \$ | \$ |
| 5. | \$ | \$ |

Do you have more expenses? Yes  No

If yes, continue on separate paper.

TOTAL MONTHLY EXPENSES \$