

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

_____ 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

| | | | | | | | | | | | | | | | | | |
|--------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------|-------------|--------------------------------------------------------------------|----------|-------|--|----------|-------|--|----------|-------|--|----------|-------|
| ASSETS | EMPLOYMENT | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , how much does your Spouse earn per month? \$ _____ IF YES , 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 | | | | | | | | | | | | | | | |
| | OTHER INCOME | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">RECEIVED</td> <td style="width: 40%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td></td> <td>\$ _____</td> <td>_____</td> </tr> </table> | | RECEIVED | SOURCES | IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES | \$ _____ | _____ | | \$ _____ | _____ | | \$ _____ | _____ | | | |
| | 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? <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 | | | | | | | | | | | | | | | |
| | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 20%; text-align: center;">VALUE</td> <td style="width: 40%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, GIVE THE VALUE AND DESCRIBE IT</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> </table> | | VALUE | DESCRIPTION | IF YES, GIVE THE VALUE AND DESCRIBE IT | \$ _____ | _____ | | \$ _____ | _____ | | \$ _____ | _____ | | \$ _____ | _____ |
| | VALUE | DESCRIPTION | | | | | | | | | | | | | | | |
| IF YES, GIVE THE VALUE AND DESCRIBE IT | \$ _____ | _____ | | | | | | | | | | | | | | | |
| | \$ _____ | _____ | | | | | | | | | | | | | | | |
| | \$ _____ | _____ | | | | | | | | | | | | | | | |
| | \$ _____ | _____ | | | | | | | | | | | | | | | |

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|---------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------|
| OBLIGATIONS & DEBTS | DEPENDENTS | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED | Total No. of Dependents _____ | List persons you actually support and your relationship to them _____ _____ _____ |
| | DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small> | APARTMENT OR HOME: | Creditors | Total Debt |
| | | _____ | \$ _____ | \$ _____ |
| | | _____ | \$ _____ | \$ _____ |
| | | _____ | \$ _____ | \$ _____ |
| | | _____ | \$ _____ | \$ _____ |

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

Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)


