

UNITED STATES DISTRICT COURT  
DISTRICT OF NEW HAMPSHIRE

**FINANCIAL DECLARATION**

CASE # AND NAME: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MARRIED: YES [ ] NO [ ]

\_\_\_\_\_ NUMBER OF DEPENDENTS \_\_\_\_\_

**WARNING:** The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

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**ASSETS**

**I. INCOME**

EMPLOYER'S NAME: \_\_\_\_\_

MONTHLY WAGES: Gross \_\_\_\_\_ Net \_\_\_\_\_

WELFARE: \_\_\_\_\_ SOCIAL SECURITY (Amount Rec'd): \_\_\_\_\_

PENSION: \_\_\_\_\_ OTHER: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

MONTHLY WAGES: Gross \_\_\_\_\_ Net \_\_\_\_\_

WELFARE: \_\_\_\_\_ SOCIAL SECURITY (Amount Rec'd): \_\_\_\_\_

PENSION: \_\_\_\_\_ OTHER: \_\_\_\_\_

**II. PROPERTY**

REAL ESTATE	VALUE	MORTGAGE	NET
1. HOME	_____	_____	_____
2. OTHER	_____	_____	_____
3. OTHER	_____	_____	_____

VEHICLES	VALUE	OWED	NET
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**III. OTHER ASSETS**

1. CASH ON HAND	_____	6. JEWELRY	_____
2. CHECKING ACCOUNT	_____	7. STOCKS	_____
3. SAVINGS ACCOUNT	_____	8. BONDS	_____
4. CREDIT UNION	_____	9. OTHER	_____
5. ACCOUNTS RECEIVABLE	_____		

(COMPLETE REVERSE SIDE)

**LIABILITIES**

**I. REAL ESTATE**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**II. MOTOR VEHICLES**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**III. GENERAL DEBTS**

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**IV. HOUSEHOLD EXPENSES**

1. TELEPHONE	_____	8. GROCERIES	_____
2. UTILITIES	_____	9. MEDICAL/DENTAL	_____
3. CHILD SUPPORT	_____	10. SCHOOL	_____
4. ALIMONY	_____	11. CHURCH	_____
5. CLOTHES	_____	12. TAXES	_____
6. TRANSPORTATION	_____	13. RENT	_____
7. INSURANCE	_____	14. OTHER	_____

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**REQUEST APPROVED: ( )**

**REQUEST DISAPPROVED: ( )**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
United States Magistrate Judge  
United States District Judge