

CJA 23
 Rev. 5/98 **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) _____

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

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 _____

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 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 _____	_____
_____	_____
_____	_____
_____	_____

OBLIGATIONS & DEBTS

DEPENDENTS

MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them (For names of minors list initials only)
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	_____	_____

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

APARTMENT OR HOME: (For home address, list City/State only)	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) _____