

# FINANCIAL AFFIDAVIT

CJA 23  
(REV. 5/98)

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

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)

IN THE CASE OF:

\_\_\_\_\_ VS. \_\_\_\_\_  
\_\_\_\_\_

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

LOCATION NUMBER

DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

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  (Specify) \_\_\_\_\_

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

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ <b>IF YES</b> , how much do you earn per month? \$ _____ <b>IF NO</b> , 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 <b>IF YES</b> , how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____								
<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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>RECEIVED</b></td> <td style="width: 50%; text-align: center;"><b>SOURCES</b></td> </tr> <tr> <td style="padding: 2px;"><b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY \$ THE SOURCES</b></td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </table>	<b>RECEIVED</b>	<b>SOURCES</b>	<b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY \$ THE SOURCES</b>	_____	_____	_____	_____	_____
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<b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY \$ THE SOURCES</b>	_____								
_____	_____								
_____	_____								
<b>CASH</b>	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , state 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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;"><b>VALUE</b></td> <td style="width: 60%; text-align: center;"><b>DESCRIPTION</b></td> </tr> <tr> <td style="padding: 2px;"><b>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</b></td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">_____</td> <td style="padding: 2px;">_____</td> </tr> </table>	<b>VALUE</b>	<b>DESCRIPTION</b>	<b>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</b>	_____	_____	_____	_____	_____
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_____	_____								
_____	_____								

<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEPENDENTS</b> 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 _____ _____ _____
	<b>DEBTS &amp; MONTHLY BILLS</b> (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	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) \_\_\_\_\_