

# 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)

- 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 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 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 <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>IF YES, 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>	IF YES, give the amount received and identify the sources		\$ _____	_____	\$ _____	_____	\$ _____	_____	
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\$ _____	_____												
\$ _____	_____												
\$ _____	_____												
<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 IF YES, 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: 50%; text-align: center;"><b>VALUE</b></td> <td style="width: 50%; text-align: center;"><b>DESCRIPTION</b></td> </tr> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>	<b>VALUE</b>	<b>DESCRIPTION</b>	IF YES, give value and description for each		\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
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\$ _____	_____												
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<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEPENDENTS</b>	MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____
	<b>DEBTS &amp; MONTHLY BILLS</b> <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