

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

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 ☐ Supervised Release Violator
6 ☐ Habeas Petitioner
7 ☐ 2255 Petitioner
8 ☐ Material Witness
9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge

District Court

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much do you earn per month? _____ Will you still have a job after this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																				
	PROPERTY	Do you own any of the following, and if so, what is it worth? <table border="1"><thead><tr><th></th><th>APPROXIMATE VALUE</th><th>DESCRIPTION & AMOUNT OWED</th></tr></thead><tbody><tr><td>Home</td><td>\$ _____</td><td>_____</td></tr><tr><td>Car/Truck/Vehicle</td><td>\$ _____</td><td>_____</td></tr><tr><td>Boat</td><td>\$ _____</td><td>_____</td></tr><tr><td>Stocks/bonds</td><td>\$ _____</td><td>_____</td></tr><tr><td>Other property</td><td>\$ _____</td><td>_____</td></tr></tbody></table>				APPROXIMATE VALUE	DESCRIPTION & AMOUNT OWED	Home	\$ _____	_____	Car/Truck/Vehicle	\$ _____	_____	Boat	\$ _____	_____	Stocks/bonds	\$ _____	_____	Other property	\$ _____	_____
		APPROXIMATE VALUE	DESCRIPTION & AMOUNT OWED																			
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Car/Truck/Vehicle	\$ _____	_____																				
Boat	\$ _____	_____																				
Stocks/bonds	\$ _____	_____																				
Other property	\$ _____	_____																				
CASH & BANK ACCOUNTS	Do you have any cash, or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, give the total approximate amount after monthly expenses \$ _____																					
OBLIGATIONS, EXPENSES, & DEBTS	How many people do you financially support? _____																					
	BILLS & DEBTS	MONTHLY EXPENSE	TOTAL DEBT																			
	Housing	\$ _____	\$ _____																			
	Groceries	\$ _____	\$ _____																			
	Medical expenses	\$ _____	\$ _____																			
	Utilities	\$ _____	\$ _____																			
	Credit cards	\$ _____	\$ _____																			
	Car/Truck/Vehicle	\$ _____	\$ _____																			
	Childcare	\$ _____	\$ _____																			
	Child support	\$ _____	\$ _____																			
	Insurance	\$ _____	\$ _____																			
	Loans	\$ _____	\$ _____																			
	Fines	\$ _____	\$ _____																			
Other	\$ _____	\$ _____																				

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

SIGNATURE OF DEFENDANT
(OR PERSON SEEKING REPRESENTATION)

Date