

# 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)  
[ ]

- Defendant—Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

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>ASSETS</b>	<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 the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED SOURCES <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 accounts? <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 <b>IF YES, GIVE THE VALUE AND DESCRIBE IT</b> <table border="1"> <thead> <tr> <th>VALUE</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____
	VALUE	DESCRIPTION							
_____	_____								
_____	_____								
_____	_____								

<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 <input type="checkbox"/> DIVORCED Total No. of Dependents: _____ List persons you actually support and your relationship to them: _____ _____ _____
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<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEBTS &amp; MONTHLY BILLS</b> (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) <table border="1"> <thead> <tr> <th>Creditors</th> <th>Total Debt</th> <th>Monthly Paymt.</th> </tr> </thead> <tbody> <tr><td>APARTMENT OR HOME: _____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td><td>\$ _____</td></tr> </tbody> </table>	Creditors	Total Debt	Monthly Paymt.	APARTMENT OR HOME: _____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
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APARTMENT OR HOME: _____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														
_____	\$ _____	\$ _____														

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) [ ]