

FINANCIAL AFFIDAVIT

Rev. 5/98 IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE 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)

- 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

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

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> 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 _____										
OTHER INCOME	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? \$ _____										
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <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> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	VALUE	DESCRIPTION	_____	_____	_____	_____	_____	_____	_____	_____
VALUE	DESCRIPTION										
_____	_____										
_____	_____										
_____	_____										
_____	_____										

DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
	<input checked="" type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED	9	9

DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
	9 9 9 9	_____	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____

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

SIGNATURE OF _____ *
(OR PERSON REPRESENTED)