

Application for Legal Assistance
Financial Affidavit

You are required to disclose any changes in financial circumstances that may be relevant to your eligibility status. You must complete every line on this form.

1. Name _____ Telephone No. _____ (Circle one) home/work/cell
2. Address _____ Apt # _____ City/State/Zip _____
3. Social Security Number _____ Date of Birth _____
4. Marital Status: Married Single Divorced Separated
5. Number of Dependent/Minor Children that you are legally responsible for: _____ Ages: _____
 No Yes Are they living with you?
6. No Yes Do you collect or pay child support or alimony?
If so, indicate amount paid or received per month: \$ _____, paid/received (circle one)
7. Current Employer _____
8. Present wage: Hourly \$ _____ # Hours worked per week _____ Weekly Gross \$ _____
9. If Unemployed, Date Last Employed: ____/____/____ why are you not employed _____
10. No Yes Is your spouse employed?
If yes, what is his/her income? Hourly wage \$ _____ # Hours per week _____
Monthly Gross (before tax) Wage (if salaried) \$ _____
11. No Yes Do you or your spouse collect workers comp, unemployment insurance, or pension payments?
If so indicate amount and frequency of payment: \$ _____ per week/bi-weekly/monthly. (circle one)
12. No Yes Do you, or any legal dependent residing with you, receive any form of means tested governmental benefits (Supplemental Security Income, cash assistance, food support)? **Specify type and monthly amount of assistance received.**

13. No Yes Motor Vehicles Owned:
Make _____ Year _____ Value \$ _____ Balance Owed \$ _____
List all additional vehicles, ATVs, Snowmobiles, boats, or trailers if any: _____
14. Housing: Rent Monthly Rent \$ _____
 Own Home Payment \$ _____ Value of Home \$ _____ Balance Owed on Mortgage \$ _____
15. No Yes Cash: Amount \$ _____
16. No Yes Checking/Savings Account: Amount \$ _____
17. No Yes Do you have any assets worth over \$500.00? (Stocks, Bonds, Trusts, Land, other property, retirement accounts) Value \$ _____
18. If you list no income, please provide an explanation of how you support yourself and/or family.

The undersigned, by reason of indigence, is financially unable to hire an attorney and swears that the above statements are true under the penalty of perjury. The undersigned further understands that if an attorney is appointed, I may be required to pay a co-payment. The public defender co-payment is required to be paid upon conclusion of my case, regardless of the outcome. Failure to pay the \$75 co-payment as ordered will result in further collection activity, including but not limited to: a claim against your state income tax, rebate or lottery earnings; additional fees; referral to a collection agency and/or wage withholding.

I declare under the penalty of perjury that everything in this document is true and correct.

Signature: _____

Date: _____