

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)

- 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) _____

DOCKET NUMBERS
Magistrate Judge
District Court
Court of Appeals

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

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	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? \$ _____											
	OTHER INCOME	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)? \$ _____											
		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><tr><th>RECEIVED</th><th>SOURCES</th></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>	RECEIVED	SOURCES	IF YES , give the amount received and identify the sources		\$ _____	_____	\$ _____	_____	\$ _____	_____	
RECEIVED	SOURCES												
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\$ _____	_____												
\$ _____	_____												
\$ _____	_____												
CASH	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? \$ _____												
PROPERTY	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><tr><th>VALUE</th><th>DESCRIPTION</th></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>	VALUE	DESCRIPTION	IF YES , give value and description for each		\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
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\$ _____	_____												
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\$ _____	_____												
\$ _____	_____												

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS ____ Single ____ Married ____ Widowed ____ Separated or Divorced Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION	TOTAL DEBT \$ _____ \$ _____ \$ _____ \$ _____ MONTHLY PAYMENT \$ _____ \$ _____ \$ _____ \$ _____

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

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date