

FINANCIAL AFFIDAVIT & APPLICATION FOR APPOINTED COUNSEL

All information must be completed by the defendant and must be current, accurate, and true. Intentionally or knowingly giving false information may result in your prosecution for the offense of Aggravated Perjury, a felony. The punishment for aggravated perjury includes imprisonment not to exceed ten (10) years and a fine not to exceed ten thousand dollars (\$10,000). **Please fill in all blanks.** If you do not know the information being asked, enter **“DO NOT KNOW”** in the blank. **If the information being asked does not apply to you, enter -0- or none; N/A is not an answer.**

Cause Number(s): _____ Co-Defendants: _____
Full Legal Name: _____
Home/Mailing Address: _____
Phone Number(s): _____ Date of Birth: _____
Social Security #: _____ Driver’s License #: _____
Name of Spouse: _____ Email: _____

Names and relationships of person who live with me or who are dependent on me for financial support:

Name:	Age:	Relation:	Income:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Nearest relative:

Name: _____ Relation: _____ Phone Number(s): _____

Employer Information: Employed/unemployed/disabled/retired: - if unemployed how long: _____

Pay Rate Hourly: \$ _____ Hours worked weekly: _____

FINANCIAL INFORMATION – MUST BE FILLED OUT

Public Assistance:

Are you currently receiving (check all that apply)

___ Food Stamps ___ Public Housing ___ Supplemental Income (SSI) ___ Social Security Disability

Income (Monthly) – (How much money comes in?)

Average total income from all sources (including entire household) \$ _____

Expenses (Monthly) – (How much money goes out?)

TOTAL MONTHLY EXPENDITURES: \$ _____

Are you under a doctor’s care: _____, if so please list what you’re diagnosed with and what medications you’re taking: _____

Have you ever been to a mental health facility? _____ yes _____ no

Do you have any CPS or pending criminal charge(s) in this county or any other county? If yes, please provide the cause #, charge and county: _____

By signing my name below or stating verbal affirmative through video conference, I swear, that all of the above information about my financial condition is current, accurate, and true.

Defendant’s Signature Date