

# 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  |  |

|                        |
|------------------------|
| <b>LOCATION NUMBER</b> |
|                        |

|   |
|---|
| PERSON REPRESENTED ( <i>Show your full name</i> ) |
|   |

|   |   |
|---|---|
| CHARGE/OFFENSE ( <i>Describe if applicable &amp; check box→</i> ) | <input type="checkbox"/> Felony<br><input type="checkbox"/> Misdemeanor |
|   |   |

|  |  |                       |                  |                |                  |
|--|--|-----------------------|------------------|----------------|------------------|
| 1 <input type="checkbox"/> Defendant - Adult<br>2 <input type="checkbox"/> Defendant - Juvenile<br>3 <input type="checkbox"/> Appellant<br>4 <input type="checkbox"/> Probation Violator<br>5 <input type="checkbox"/> Supervised Release Violator<br>6 <input type="checkbox"/> Habeas Petitioner<br>7 <input type="checkbox"/> 2255 Petitioner<br>8 <input type="checkbox"/> Material Witness<br>9 <input type="checkbox"/> Other ( <i>Specify</i> ) _____ | <table style="width: 100%;"> <tr> <td style="padding: 2px;"><b>DOCKET NUMBERS</b></td> </tr> <tr> <td style="padding: 2px;">Magistrate Judge</td> </tr> <tr> <td style="padding: 2px;">District Court</td> </tr> <tr> <td style="padding: 2px;">Court of Appeals</td> </tr> </table> | <b>DOCKET NUMBERS</b> | Magistrate Judge | District Court | Court of Appeals |
| <b>DOCKET NUMBERS</b>  |  |                       |                  |                |                  |
| Magistrate Judge   |  |                       |                  |                |                  |
| District Court   |  |                       |                  |                |                  |
| Court of Appeals   |  |                       |                  |                |                  |

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| <b>INCOME &amp; ASSETS</b>                | <b>EMPLOYMENT</b>   | Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>IF YES</b> , how much do you earn per month? _____<br>Will you still have a job after this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
|---|---|---|---------------------------|-------------------|---------------------------|---------------|----------|-------|-------------------|----------|----------|-----------|----------|----------|------------------|----------|----------|----------------|----------|----------|--------------|----------|----------|-------------------|----------|----------|-----------|----------|----------|---------------|----------|----------|-----------|----------|----------|-------|----------|----------|-------|----------|----------|-------|----------|----------|
|   | <b>PROPERTY</b>   | Do you own any of the following, and if so, what is it worth?<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;">APPROXIMATE VALUE</th> <th style="width: 50%; text-align: center;">DESCRIPTION &amp; AMOUNT OWED</th> </tr> </thead> <tbody> <tr> <td>Home</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Car/Truck/Vehicle</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Boat</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Stocks/bonds</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>Other property</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table> |                           | APPROXIMATE VALUE | DESCRIPTION & AMOUNT OWED | Home          | \$ _____ | _____ | Car/Truck/Vehicle | \$ _____ | _____    | Boat      | \$ _____ | _____    | Stocks/bonds     | \$ _____ | _____    | Other property | \$ _____ | _____    |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
|   |   | APPROXIMATE VALUE   | DESCRIPTION & AMOUNT OWED |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Home                                      | \$ _____  | _____   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Car/Truck/Vehicle                         | \$ _____  | _____   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Boat                                      | \$ _____  | _____   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Stocks/bonds                              | \$ _____  | _____   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Other property                            | \$ _____  | _____   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| <b>CASH &amp; BANK ACCOUNTS</b>           | Do you have any cash, or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>IF YES</b> , give the total approximate amount after monthly expenses   \$ _____   |   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| <b>OBLIGATIONS, EXPENSES, &amp; DEBTS</b> | How many people do you financially support? _____<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;">MONTHLY EXPENSE</th> <th style="width: 40%; text-align: center;">TOTAL DEBT</th> </tr> </thead> <tbody> <tr> <td>BILLS &amp; DEBTS</td> <td></td> <td></td> </tr> <tr> <td>Housing</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Groceries</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Medical expenses</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Utilities</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Credit cards</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Car/Truck/Vehicle</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Childcare</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Child support</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Insurance</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Loans</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Fines</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Other</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </tbody> </table> |   |                           | MONTHLY EXPENSE   | TOTAL DEBT                | BILLS & DEBTS |          |       | Housing           | \$ _____ | \$ _____ | Groceries | \$ _____ | \$ _____ | Medical expenses | \$ _____ | \$ _____ | Utilities      | \$ _____ | \$ _____ | Credit cards | \$ _____ | \$ _____ | Car/Truck/Vehicle | \$ _____ | \$ _____ | Childcare | \$ _____ | \$ _____ | Child support | \$ _____ | \$ _____ | Insurance | \$ _____ | \$ _____ | Loans | \$ _____ | \$ _____ | Fines | \$ _____ | \$ _____ | Other | \$ _____ | \$ _____ |
|   | MONTHLY EXPENSE   | TOTAL DEBT  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| BILLS & DEBTS                             |   |   |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Housing                                   | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Groceries                                 | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Medical expenses                          | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Utilities                                 | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Credit cards                              | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Car/Truck/Vehicle                         | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Childcare                                 | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Child support                             | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Insurance                                 | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Loans                                     | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Fines                                     | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |
| Other                                     | \$ _____  | \$ _____  |                           |                   |                           |               |          |       |                   |          |          |           |          |          |                  |          |          |                |          |          |              |          |          |                   |          |          |           |          |          |               |          |          |           |          |          |       |          |          |       |          |          |       |          |          |

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

\_\_\_\_\_  
SIGNATURE OF DEFENDANT  
(OR PERSON SEEKING REPRESENTATION)

\_\_\_\_\_  
Date