

# 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? \$ _____		
		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)? \$ _____		
	OTHER INCOME	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		
		RECEIVED	SOURCES	
		IF YES, give the amount received and identify the sources	\$ _____ \$ _____ \$ _____	
	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		
		VALUE	DESCRIPTION	
		IF YES, give value and description for each	\$ _____ \$ _____ \$ _____ \$ _____	

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