

**FINANCIAL AFFIDAVIT**  
**For Court-Appointed Attorney, Expert or Other Services**

CASE NO. \_\_\_\_\_

**FALSE STATEMENTS COULD RESULT IN ANOTHER CASE BEING FILED AGAINST YOU!!!**

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone \_\_\_\_\_ SS # \_\_\_\_\_

Address \_\_\_\_\_

Spouse (if married – including common-law) \_\_\_\_\_

1. Are you  Self-Employed  Employed  Unemployed  
If self-employed, what line of work? \_\_\_\_\_  
If employed, who do you work for? \_\_\_\_\_  
If unemployed, for how long? \_\_\_\_\_
2. List the places you have worked in the last six months:  
1. Name \_\_\_\_\_ Address \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_
3. If employed, give an approximate **monthly** rate of pay \$ \_\_\_\_\_
4. Is your spouse  Self-Employed  Employed  Unemployed  
If self-employed, what line of work? \_\_\_\_\_  
If employed, who does he/she work for? \_\_\_\_\_  
If employed, give an approximate **monthly** rate of pay \$ \_\_\_\_\_  
If unemployed, for how long? \_\_\_\_\_
5. Do you own a car, truck, or motorcycle?  Yes  No  
If yes, give year, make and model: \_\_\_\_\_  
Please give value \$ \_\_\_\_\_ Is it paid for?  Yes  No Amount owing \$ \_\_\_\_\_
6. Do you receive, or have you received, in the past six months, income from rental property, public assistance, support or other sources, including from a business?  Yes  No  
If yes, give source and monthly income: Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
7. Do you have any money or cash in savings, checking accounts or other funds?  Yes  No  
If yes, list amount of money available to you \$ \_\_\_\_\_
8. Do you own a home, land, or other property?  Yes  No If yes, give value \$ \_\_\_\_\_
9. Can you afford to pay anything toward the cost of your defense at this time?  Yes  No  
If yes, how much \$ \_\_\_\_\_
10. Do you currently have any other court cases in this court in which you already have counsel appointed?  
 Yes  No  
If yes, give attorney's name \_\_\_\_\_  
Are you currently on probation  Yes  No If yes, to whom and on what charge (s): \_\_\_\_\_  
\_\_\_\_\_
11. Are you a student?  Yes  No Last grade of school attended \_\_\_\_\_  
If yes, indicate name of college or school you attend \_\_\_\_\_  
Have you received financial aid?  Yes  No

If yes, indicate type  Student Loan - Amount: \$ \_\_\_\_\_  Scholarship or Grant – Amount: \$ \_\_\_\_\_  
Have you received financial assistance from any other source  Yes  No  
If yes, indicate source and amount: Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

(Check Appropriate Box)

- SINGLE  MARRIED  LIVING WITH A ROOMMATE  
 WIDOWED  SEPARATED/DIVORCED  OTHER \_\_\_\_\_

**DEPENDANTS**

TOTAL NUMBER \_\_\_\_\_

Do they reside with you? \_\_\_\_\_

LIST NAMES, AGES AND RELATIONSHIP TO YOU

_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N
_____	_____	Y	N

**MONTHLY BILLS**

RENT/HOUSE PAYMENT \$ \_\_\_\_\_  
FOOD/CLOTHING \$ \_\_\_\_\_  
UTILITIES \$ \_\_\_\_\_  
ALIMONY \$ \_\_\_\_\_  
CHILD SUPPORT \$ \_\_\_\_\_  
INSTALLMENT PAYMENTS \$ \_\_\_\_\_  
OTHER PAYMENTS \$ \_\_\_\_\_  
**TOTAL PAYMENTS \$ \_\_\_\_\_**

I, the undersigned, do swear (or affirm) under penalty of perjury that the information supplied in this document is true and correct to the best of my knowledge. I understand that I may be required to pay reasonable fees as decided by the court for the service of any attorney appointed to me.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

<b>FOR JUDGES USE ONLY</b>
<small>DETERMINATION OF ELIGIBILITY – K.A.R. 105-4-1(b): "An eligible indigent defendant is a person whose combined household income and liquid assets equal less than the sum of the defendant's reasonable and necessary living expenses plus the anticipated cost of private legal representation."</small>

- APPOINTMENT DENIED  
 \_\_\_\_\_ ATTORNEY APPOINTED

DATE \_\_\_\_\_ JUDGE \_\_\_\_\_