

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*)

- | | | | | | |
|--|---|-----------------------|------------------|----------------|------------------|
| <ul style="list-style-type: none"> 1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (<i>Specify</i>) _____ | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">DOCKET NUMBERS</td> </tr> <tr> <td>Magistrate Judge</td> </tr> <tr> <td>District Court</td> </tr> <tr> <td>Court of Appeals</td> </tr> </table> | DOCKET NUMBERS | Magistrate Judge | District Court | Court of Appeals |
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| 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	Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, how much do you earn per month? _____	
		Will you still have a job after this arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PROPERTY		Do you own any of the following, and if so, what is it worth?	
		APPROXIMATE VALUE	DESCRIPTION & AMOUNT OWED
		Home \$ _____	_____
		Car/Truck/Vehicle \$ _____	_____
		Boat \$ _____	_____
	Stocks/bonds \$ _____	_____	
	Other property \$ _____	_____	
CASH & BANK ACCOUNTS		Do you have any cash, or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		IF YES, give the total approximate amount after monthly expenses \$ _____	
OBLIGATIONS, EXPENSES, & DEBTS	How many people do you financially support? _____		
	BILLS & DEBTS	MONTHLY EXPENSE	TOTAL DEBT
	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