

PERSONAL DATA / CASE INFORMATION

(To be completed by ALL defendants)

USA v. _____

Case Number _____

Full Name _____

CHARGE/OFFENSE (describe if applicable & check box)

Address _____

Felony

Misdemeanor

Phone _____

FINANCIAL AFFIDAVIT

(To be completed in support of request for attorney, expert or other court services without payment of fee)

**EMPLOY-
MENT**

Are you now employed? Yes No Am Self-Employed

Name and address of employer: _____

IF YES, how much do you earn per month? \$ _____ **IF NO**, list month/year of last employment _____
How much did you earn per month? \$ _____

Will you still have a job after this arrest? Yes No Unknown

If married is your Spouse employed? Yes No

IF YES, how much does your spouse earn per month? \$ _____

If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____

**INCOME
&
ASSETS**

**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 the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED	SOURCES
IF YES , GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____	_____
_____	_____
_____	_____

CASH

Do you have any cash on hand or money in savings or checking accts? Yes No **IF YES**, list total amt \$ _____

**PROP-
ERTY**

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE	DESCRIPTION
IF YES , GIVE THE VALUE AND DESCRIBE \$ _____	_____
_____	_____
_____	_____

**OBLIGATIONS
EXPENSES &
DEBTS**

MARITAL STATUS: SINGLE MARRIED WIDOWED SEPARATED OR DIVORCED

DEPENDENTS: Total No. of Dependents: _____

List persons you actually support and your relationship to them: _____

BILLS & DEBTS	MONTHLY EXPENSE	TOTAL DEBT	BILLS & DEBTS	MONTHLY EXPENSE	TOTAL DEBT
Housing	\$ _____	\$ _____	Childcare	\$ _____	\$ _____
Groceries	\$ _____	\$ _____	Child Support	\$ _____	\$ _____
Medical Expenses	\$ _____	\$ _____	Insurance	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	Loans	\$ _____	\$ _____
Credit cards	\$ _____	\$ _____	Fines	\$ _____	\$ _____
Car/Truck/Vehicle	\$ _____	\$ _____	Other	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) 

Form read to defendant in his/her native language and completed by the () Interpreter () Probation Officer.