

INDIGENCE FORM

I will retain my own attorney: _____ *Date:* _____

Defendant's Signature

To determine eligibility for court appointment of an attorney, the defendant must fill out this form.

Do not continue filling out form if Defendant to retain own attorney.

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Does applicant have a parent or other close relative who is able to make a voluntary contribution toward attorney's fees?

Explain. _____

Monthly Income		Necessary Mo. Living Expenses	
Your Salary		Rent / Mortgage:	
Spouse's Salary		Utilities (gas, electric, etc.)	
SSI/SSDI		Transportation: Make: Model: Year:	
AFDC		Clothes/Food	
Social Security Check		Day Care / Child Care:	
Child Support		Medical Expenses	
Other Government Check		Credit Cards	
Other Income		Court-Ordered Monies:	
		Child Support:	
TOTAL INCOME*		TOTAL NECESSARY EXPENSES*	

STAFF USE ONLY:

Comments:

TOTAL MONTHLY INCOME:	
TOTAL MONTHLY EXPENSES:	
	-
DIFFERENCE (net income)	=

**DEFENDANT MEETS ELIGIBILITY
REQUIREMENTS**

_____ **YES** _____ **NO**

_____ **UNDETERMINED**

I have been advised of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation.

**All information is subject to verification. Falsification of information is a criminal offense.*

Signature of Defendant

Date

Sworn to and subscribed before the undersigned Judge, Notary, or Clerk on _____ *200* _____.