Indigence Form

Defendant's Name			Date	Cause/Warrant#	
Doble			Interpreter Y/N		
efendant's Email Addr	ess				
ize of Family Unit Memb	pers of immediate family that you	support financially (L		age & relationship)	
аше.		Age.	Kei	auonsiip.	
Employer:		Position:		How long:	
Ionthly Income		o. Living Expens	es	Nonexempt Assets	
our Salary	Rent/Mortgag			Cash on Hand (self and spouse):	
ouse's Salary	Utilities (gas,			Amount in savings account	
SI/SSDI	Day Care/Ch	ild Care		Amount in checking account	
ANF	Credit Cards			Any financial institutions where cash is held	
hild Support	Transportatio			Value of Real Property (land):	
ocial Security Check		odel:		Value of stocks, bonds, investments, other	
41 0 (01 1	Year:			assets	
ther Government Check	Medical Expe				
ther Monthly Income	Court-Ordere				
	Child Suppor				
OTAL DICOLO	Clothes/Food			TOTAL ACCOUNT	
OTAL INCOME	TOTAL NEO EXPENSES	CESSARY		TOTAL ASSETS	
ontributions from famil	y and friends? \$		WICHINI	24 hours after your arrest, including any	
TOTAL MONTHLY INCOME:				DEFENDANT MEETS ELIGIBILITY REQUIREMENTS	
TOTAL MONTHLY EXPENSES: - DIFFERENCE (net income) =				YESNO	
				UNDETERMINED	
court to appoint counsel above information is true	for me, then I certify that and correct. The informat	t I am without me tion I listed is acc	eans to urate a	with the charge pending against me. If I am asking temploy counsel of my own choosing. I swear that tend I will immediately notify the court of any changes and that falsification of this information is a criminal	
I am indigent and I am asking the court to appoint counsel j			me.	I will hire my own attorney.	
ignature of Defendant			Dat	te	