Last Name:_____ First Name:_____

Address:_____

Phone Number:_____ Email Address:_____

Date of Birth:_____ Citizenship: U.S._____ Other:_____ Primary Language:_____

Court:_____ Cause Number:_____

AFFIDAVIT OF INDIGENCE

ASSISTANCE: I ***or*** (my spouse / my children) ***who live with me,*** receive [check all that apply]:

☐ Food Stamps ☐ Medicaid ☐ Disability ☐ TANF ☐ SSI ☐ Housing Assistance

MARITAL STATUS: ☐ Single (not married)

☐ Married and we: ☐ Live together ***-or-*** ☐ Are separated

CHILDREN: I have #_____children ***of my own*** who *live with me* and are *less than 18 years*.

EXPENSES: ☐ Food/Groceries ☐ Day Care ☐ Medical Expenses

☐ Rent/Mortgage ☐ Transportation ☐ Other (cell phone, etc.)

☐ I ***pay*** Child Support of $_____/month

INCOME:

☐ **Primary Job** $_____per _____(hour/week/month) #_____hours/week;

☐ **Second Job** $_____per _____(hour/week/month) #_____hours/week;

☐ **Other Income** $_____per _____(hour/week/month) #_____hours/week;

☐ **Spouse's Income** $_____per _____(hour/week/month) #_____hours/week;

☐ **Child Support** *received* per month: $_____.

SPECIAL CIRCUMSTANCES or HARDSHIPS the Judge should consider:_____

_____

_____

☐ **I swear or affirm** the information provided above is true and correct.

☐ **I further swear or affirm** that I cannot afford to hire an attorney to represent me, and I respectfully ***request appointment of counsel*** to represent me in this matter.

Signature: _____ **Date:** _____

***FOR THE COURT'S USE ONLY ***

SWORN and SUBSCRIBED before me:

_____

Judge/Magistrate Presiding *or* Notary Public

☐ Approved

☐ Denied

☐ LSNDO

☐ Interpreter Needed

Notes: _____

_____