

FINANCIAL QUESTIONNAIRE TO ESTABLISH INDIGENCY - MUNICIPAL COURTS



PARTI GENERALINFORM	ATION					
APPLICATION BY:	DEFENDANT	☐ PARE	NT OR GUARE	DIAN (IF DEFE	IDANT IS	UNDER 18)
FOR: ASSIGNMENT OF	COUNSEL PA			LTIES IN INSTA		OTHER
COMPLAINT NUMBER(S)		СНА	AGES			
CHARGES (continued)		<u> </u>				
LAST NAME	FIRST NAME		· · · · · · · · · · · · · · · · · · ·	MIDDLE INITIAL	SEX M	1 , ,
		7			∏ F∈	<u></u>
SOCIAL SECURITY NUMBER		DRIVEP LICENS NUMBE	E			STATE
HOME STREET ADDRESS		CITY			STATE	ZIP
		HOME PHON	E NUMBER		HOW LO	
			<u> </u>		ADDRES	
EMERGENCY CONTACT - NAME	RE	ELATIONSHIP		PHC	NE NUMBER	-
MARITAL STATUS Married Single Widowed	Separated CD	Divorced	NUMBER OF THOS (Children or other fa			
0 0 0	AND ADDRESS OF SURETY				A!	MOUNT
Yes No						\$
PART II EMPLOYMENT HIS	TORY					
	ES. BTH OF LOYMENT		NT EMPLOYER, IF EN IPLOYED, LAST EMP			
EMPLOYER'S ADDRESS	FOLWERI	PHONE NUMBI	ER -	PC	OSITION HELD	
	all jointly owned asset	ts)		-	1 : .	
GROSS WAGES PER (check one) \$	2 Weeks Month	OTHER INC	COME	SOURCE (welfare workman's comp.,	•	
WAS LAST YEAR'S	RECEIVES	Ψ	BY:	social security) COURT ORDER	AM	OUNT
INCOME TAX State Federal RETURN FILED?	1	Yes	□ No	Yes []		\$
CHECKING ACCOUNT: BANK			ACCOUNT NUMBER		BA †	LANCE \$
SAVINGS ACCOUNT: BANK	•		ACCOUNT NUMBER		BA	LANCE
REAL ESTATE OWNED? ADDRESS			1		L	\$
REAL ESTATE OWNED? ADDRESS Yes No describe			EQUITY \$		PH	SESENT VALUE
PERSONAL PROPERTY? ITEM Yes No			. . 1		PA	ESENT VALUE
PERSONAL PROPERTY? ITEM					PR	ESENT VALUE
Yes No describe						\$
	AR MAKE		MODEL		PF.	RESENT VALUE
Auto Truck Motorcycle						\$
PART IV EXPENSES AND LI					TO	STAL ASSETS:
		LIVE IN A HALI	FWAY HOUSE?	MONTHLY PAYMS	ENT	BALANCE OWED
Yes No Yes		res No		MONTHLY PAYAGE	ENIT	\$
OUTSTANDING LOAN? NATURE C	OF THE LOAN			MONTHLY PAYME	181	BALANCE OWED \$

OUTSTANDING LOAN?		NATURE OF THE LO	DAN			MONTHLY PAYMENT	BALANCE OWED
Yes No			*	e to the or	35	1 \$	\$
MONEY OWED FOR ATTORN	EY FEES?	NAME OF ATTORNE	γ .	·		MONTHLY PAYMENT	BALANCE OWED
Yes No		1				1 \$	\$
INSURANCE OWED?		COMPANY			· · · · · · · · · · · · · · · · · · ·	MONTHLY PAYMENT	BALANCE OWED
Yes No					. •	\$	\$
MEDICAL EXPENSES - DOCT	OR?	DOCTOR'S NAME			· .	MONTHLY PAYMENT	BALANCE OWED
Yes No						\$	\$
MEDICAL EXPENSES - HOSP	ITAL?	HOSPITAL NAME				MONTHLY PAYMENT	BALANCE OWED
Yes No						\$	\$
CREDIT CARDS?		COMPANY		· · · · · · · · · · · · · · · · · · ·	CREDIT LIMIT	MONTHLY PAYMENT	BALANCE OWED
Yes No		`			\$	 \$	\$
CREDIT CARDS?		COMPANY			CREDIT LIMIT	MONTHLY PAYMENT	BALANCE OWED
Yes No					\$	\$	\$
CREDIT CARDS?		COMPANY			CREDIT LIMIT	MONTHLY PAYMENT	BALANCE OWED
Yes No	· .				, \$, \$	\$
COURT FINES/PENALTIES ON	VED?	OFFENSE(S)		-	COURT NAME	MONTHLY PAYMENT	BALANCE OWED
Yes No						\$	\$
COURT FINES / PENALTIES OV	VED?	OFFENSE(S)			COURT NAME	MONTHLY PAYMENT	BALANCE OWED
Yes No						\$	\$
UTILITIES OWED?	1	COMPANY			ı	MONTHLY PAYMENT	BALANCE OWED
Yes No				•		\$	\$
CHILD SUPPORT / ALIMONY I	PAYMENTS?	I			,	MONTHLY PAYMENT	BALANCE OWED
∐Yes ∐No						\$	<u> \$</u>
OTHER EXPENSES?		TYPE				MONTHLY PAYMENT	BALANCE OWED
Yes No						\$	\$
SUBSISTENCE (FOOD, CLOTH	IING, TRANSP.)	TYPE		•		MONTHLY PAYMENT	SUBSISTENCE EXPENSES
· Yes No					<u> </u>	\$	J \$
DOES ANYONE CONTRIBUTE		IF YES, WHO?			DUNT CONTRIBUTED	TOTAL MONTHLY PAYMENT	TOTAL LIABILITIES
		IF YES, WHO?		TOTAL AM	DUNT CONTRIBUTED		
DOES ANYONE CONTRIBUTE PAYMENT OF THESE EXPENS	ES?				DUNT CONTRIBUTED	TOTAL MONTHLY PAYMENT	TOTAL LIABILITIES
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