

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify below)

IN THE CASE OF

_____ v. _____

FOR _____
AT _____

| |
|------------------------|
| LOCATION NUMBER |
| |

PERSON REPRESENTED (Show your full name)

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Supervised Release Violator
- 5 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify) _____

| |
|-----------------------|
| DOCKET NUMBERS |
| Magistrate Judge |
| District Court |
| Court of Appeals |

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

| | | | | | | | | | | | | | |
|---|--|---|--------------------|---|---|----------|----------|----------|----------|----------|----------|----------|-------|
| INCOME & ASSETS | EMPLOYMENT | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____ | | | | | | | | | | | |
| | 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 form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RECEIVED</td> <td style="width: 50%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, give the amount received and identify the sources</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table> | RECEIVED | SOURCES | IF YES, give the amount received and identify the sources | | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | |
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| \$ _____ | _____ | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| CASH | Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____ | | | | | | | | | | | | |
| PROPERTY | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">VALUE</td> <td style="width: 50%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table> | VALUE | DESCRIPTION | IF YES, give value and description for each | | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ |
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| IF YES, give value and description for each | | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |
| \$ _____ | _____ | | | | | | | | | | | | |

| | | | | |
|--------------------------------|--|---|----------------------------------|--|
| OBLIGATIONS & DEBTS | DEPENDENTS | MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced | Total No. of Dependents _____ | List persons you actually support and your relationship to them _____ _____ _____ |
| | DEBTS & MONTHLY BILLS <i>(Rent, utilities, loans, charge accounts, etc.)</i> | DESCRIPTION | TOTAL DEBT | MONTHLY PAYMENT |
| | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |
| | | \$ _____ | \$ _____ | |

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date