

Defendant's Name: _____ Date: _____

Address: _____ City: _____ State: _____

Phone Number: _____ D.O.B. _____ Cause # _____

Special Needs: _____

I will retain my own attorney : _____ Date: _____

Signature of Defendant

Indigence Form

To determine eligibility for Court Appointed Attorney, you must complete 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) Total Number of Dependents (include self): _____		
Name:	Age:	Relationship:

Monthly Income		Necessary Mo. Living Expenses		Non-exempt Assets	
Employer		Rent / Mortgage:		Cash on hand	
Position/How Long:		Transportation:		Value of Stocks and Bonds	
Your Salary		Make: Model:		Amount in Savings Account	
Spouse's Salary		Year:			
SSI/SSDI		Car Payment			
AFDC		Car Insurance			
Social Security Check		Utilities (gas, electric, etc.)			
Child Support		Clothes/Food			
Other Government Check		Day Care / Child Care			
Other Income		Health Insurance			
		Medical Expenses			
		Credit Cards			
		Court-Ordered Monies			
		Child Support			
TOTAL INCOME:		TOTAL NECESSARY EXPENSES:		TOTAL ASSETS:	

STAFF USE ONLY:

Comments:

Total Monthly Income: _____ Defendant Meets Eligibility Requirements
 Total Monthly Expenses: - _____
 Difference (net income): = _____ 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.*

Defendant's Signature

Date