



Employer	
Phone Number	
Supervisor's Name	
Street Address:	
City, State, Zip	
Hours worked	_____ per week or _____ per month
Pay rate	
Spouse's Employer	
Street Address:	
City, State Zip	
Hours worked	_____ per week or _____ per month
Pay rate	

Length of time unemployed	
Name of previous employer	
Street Address of previous employer:	
City, State, Zip	

- Food Stamps
- Medicaid
- Public housing
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI)

Expense (Monthly)		
Rent or Mortgage Payment		
Car Payment		
Insurance (Life, Health, Car, Homeowners, etc.)		
Child Care		
Child Support		
Water		
Gas		
Telephone		
Electricity		
Food		
Clothes		
Medical		
Cable TV or Satellite TV		
Pager		
Cell Phone		
<b>Loans and Debt Payments</b>		
Outstanding Loans (list type of Loans)		
Credit Card Debt (list name of cards)		
Balance:		
\$		
Balance:		
\$		
Other Monthly Expenditures (Describe)		
<b>TOTAL MONTHLY EXPENSES</b>		

Take Home Pay	
Spouse's Take Home Pay	
Investment Income	
Stock Dividend	
Bond Dividend	
Rental Income	
Pension Payments	
Unemployment	
Social Security Benefits	
Child Support	
Public Assistance	
TANF	
SSI	
Medicaid	
Other	
Cash Gifts	
Other (Describe)	
<b>TOTAL GROSS</b>	
<b>MONTHLY INCOME</b>	

Asset		Value
A. Place of Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own Describe if house, condominium, apartment, other:		\$
B. Real Property Owned: Description/Location:		\$
C. Automobile(s)		
Make	Model	Year
Make	Model	Year
Make	Model	Year
D. Stock and Bonds (provide description)		\$
		\$
		\$
E. Other Property (list all jewelry, equipment, watercrafts, etc.)		\$
		\$
		\$
F. Bank Accounts		
Bank Name	Type of Account	Balance
		\$
		\$
		\$
		\$
G. Other Assets (Identify)		VALUE
		\$
<b>ASSETS TOTAL VALUE</b>		<b>\$</b>

This court finds the defendant **is / is not** indigent.

\_\_\_\_\_  
Signature of Judge

## VERIFICATION AGREEMENT

I do / do not (circle one) authorize the court to verify the financial information given to determine my eligibility by contacting my employer and/or other third parties who can confirm the information provided. I understand that if I do not authorize the court to contact the necessary parties, then I must provide verification of the information in a manner that is acceptable to the court or I will not have an attorney appointed.

\_\_\_\_\_  
Applicant's Signature

SUBSCRIBED and SWORN to before me, the undersigned authority, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Clerk's Signature

**MY EMPLOYMENT INFORMATION:**

JOB TITLE: \_\_\_\_\_  
EMPLOYER'S NAME: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_  
HOURS OF WORK: \_\_\_\_\_  
PAY RATE: \_\_\_\_\_

**MY FINANCIAL INFORMATION:**

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_  
ACCOUNT NUMBER: \_\_\_\_\_  
BALANCE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE/PERSON SUBJECT TO FINANCIAL INFORMATION