

_____, Case No. _____
Plaintiff,
vs.
_____,
Defendant.

FINANCIAL AFFIDAVIT

I hereby swear that by reason of poverty:

I am unable to pay the docket fee, cost bond, and other costs of appeal, and I believe I am entitled to redress.

I am unable to afford counsel to represent me in this proceeding.

I am unable to pay the judgment assessed against me;

I wish to apply for time in which to pay such judgment.

The nature of this action, defense or appeal is:

I am unable to pay fees required on the above Probation case.

I hereby submit the following financial affidavit.

I. Employer: _____

Address: _____

Length of employment: _____

If unemployed, state reason, physical or otherwise, why you cannot be employed: _____

II. Income (Monthly)

	Self	Spouse
A. Wages	\$ _____	\$ _____
B. Welfare	\$ _____	\$ _____
C. Unemployment	\$ _____	\$ _____
D. Parents	\$ _____	\$ _____
E. Other	\$ _____	\$ _____

III. Family Assets

A. Cash on Hand	\$ _____	F. Rentals	\$ _____
B. Bank Accounts	\$ _____	G. Tools	\$ _____
C. Automobiles	\$ _____	H. Equipment	\$ _____
D. Real Estate	\$ _____	I. Jewelry	\$ _____
E. Securities, Stocks, Bonds	\$ _____	J. Other	\$ _____

IV. Marital Status: Single Married Divorced Widowed

Name of Spouse: _____

Number of children you are supporting and their ages: _____

V. Debts

(continue on back, if needed)

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
E.	_____	\$	_____
F.	_____	\$	_____
G.	_____	\$	_____
H.	_____	\$	_____
I.	_____	\$	_____
J.	_____	\$	_____
K.	_____	\$	_____
L.	_____	\$	_____

Monthly Expenses

(continue on back, if needed)

A.	_____	\$	_____
B.	_____	\$	_____
C.	_____	\$	_____
D.	_____	\$	_____
E.	_____	\$	_____
F.	_____	\$	_____
G.	_____	\$	_____
H.	_____	\$	_____
I.	_____	\$	_____
J.	_____	\$	_____
K.	_____	\$	_____
L.	_____	\$	_____

VI. Education Completed: _____

I swear or affirm, under penalty of perjury, that the foregoing financial affidavit is true and hereby request the following:

Waiver of payment of docket fee, cost bond and other costs of appeal.

Appointment of counsel to represent me in this proceeding.

Additional time in which to pay the judgment assessed against me.

Waiver of payment of fees required in this Probation case.

SIGN IN FRONT OF NOTARY PUBLIC

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box:

City/State/ZIP Code: _____

Telephone Number: _____

Email address:

If completed by an attorney:

Bar Number: _____

State of _____)
) ss.

County of _____)

This document was acknowledged before me by _____ ,
this _____ day of _____ , 20_____ .

Notary commission expires: _____

Signature of Judge/Clerk of the Court/Notary Public

Title: _____ Serial Number (if any).: _____