

**FINANCIAL AFFIDAVIT**

CC 6:1 Rev. 02/18

Neb. Rev. Stat. § 29-3902

IN THE COURT OF \_\_\_\_\_ COUNTY, NEBRASKA

\_\_\_\_\_  
Plaintiff

Case No. \_\_\_\_\_

vs.

**FINANCIAL AFFIDAVIT**

\_\_\_\_\_  
Defendant

**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 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)**

	<b>Self</b>	<b>Spouse</b>
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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Bar Number and Firm Name (attorneys only)

\_\_\_\_\_  
 Street Address/P.O. Box

\_\_\_\_\_  
 City/State/ZIP Code

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 E-mail Address

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date of Birth

State of \_\_\_\_\_ )  
 ) s.s.  
 County of \_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Notary Public/Court Clerk My commission expires: \_\_\_\_\_