

STATE OF INDIANA

v.

CAUSE NO. 40C01-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_  
Defendant

**REQUEST FOR APPOINTMENT OF COUNSEL  
AND AFFIDAVIT OF FINANCIAL STATUS**

I hereby affirm under the pains and penalties for perjury that I cannot afford to hire my own attorney in this case and request that the Court appoint counsel for me. In support of this request, I affirm that the following information is true and correct:

Have you attempted to hire an attorney for this case? **YES / NO**

Contact two (2) attorneys and list their names below:

Name of attorney \_\_\_\_\_ Average price quoted: \_\_\_\_\_

Name of attorney \_\_\_\_\_ Average price quoted: \_\_\_\_\_

Why were you not able to hire an attorney: \_\_\_\_\_

Your Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Your address: \_\_\_\_\_  
Street City State ZIP

Own or Rent? \_\_\_\_\_ Monthly mortgage or rent payment: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

If living rent-free with someone else, who's residence is it and what is your relationship:

\_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell or Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

List ALL persons residing in your household:

Name	Relationship	Age	Employer	Monthly Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other PENDING criminal matters, including any current probation or parole:

Cause no.	Charges	Attorney	Bond Posted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Usual occupation: \_\_\_\_\_ Currently employed: **YES / NO**

Employer: \_\_\_\_\_ Physical health: \_\_\_\_\_

BRING HOME pay in each of last six months: (list most recent first)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

If unemployed, since when: \_\_\_\_\_ Why: \_\_\_\_\_

Checking account balance: \$ \_\_\_\_\_ Savings account balance: \$ \_\_\_\_\_

Cash you have: \$ \_\_\_\_\_ Money owed to you: \$ \_\_\_\_\_

Tax refund due: **YES / NO** When: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Other income (check all appropriate):

\_\_\_\_ Unemployment \_\_\_\_ Disability \_\_\_\_ Child support \_\_\_\_ Worker's Comp \_\_\_\_ Student loans

How much (other income): \$ \_\_\_\_\_ How often: \_\_\_\_\_

Do you own real estate: **YES / NO** Value: \$ \_\_\_\_\_

Mortgage(s) balance: \$ \_\_\_\_\_

List all motor vehicles owned by you:

Year	Make	Model	Value	Loan Balance

List all personal property (tools, electronics, appliances, jewelry, furniture, etc.), over \$250:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of dependents: \_\_\_\_\_ Ages: \_\_\_\_\_ Do they live with you: **YES / NO**

If no, do you pay support: **YES / NO** Monthly amount: \$ \_\_\_\_\_ Arrearage: \$ \_\_\_\_\_

If yes, how do you pay: \_\_\_\_\_ Withhold from check \_\_\_\_\_ Paid after receiving paycheck

List monthly expenses and amounts you pay: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Does anyone contribute to the payment of these expenses: **YES / NO**

List any debts over \$250 by who you owe and how much: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

If you have posted bond in the last year, list the amount, the name of the person who paid the premium, and that person's relationship to you:

\_\_\_\_\_

\_\_\_\_\_

*I hereby swear or affirm the foregoing to be true and correct to the best of my knowledge.*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

RETURN THIS FORM TO THE JENNINGS COUNTY CLERK BY \_\_\_\_\_