

Entered SI _____

Defendant's Name: _____ Date: _____ Cause # _____

DOB: _____ Address: _____ (print) Special Needs: _____

Booking No: _____

Indigence Form

To determine eligibility for Court Appointed Attorney, you must complete this form.

I will retain my own attorney: _____ *Date:* _____

Defendant's Signature

Do not continue filling out form if Defendant to retain own attorney

| Size of Family Unit Members of immediate family that you support financially (List name, age & relationship) | | |
|--|------|---------------|
| Name: | Age: | Relationship: |
| | | |
| | | |
| | | |
| | | |
| | | |

| Monthly Income | | Necessary Mo. Living Expenses | |
|-------------------------|-----------|---|--|
| Employer: | | Rent: | |
| Position: | How Long: | Mortgage: | |
| Your Salary: | | Utilities (gas, electric, etc.): | |
| Spouse's Salary: | | Transportation: Make: Model: Year: | |
| SSI/SSDI: | | Clothes/Food: | |
| TANF: | | Day Care / Child Care: | |
| Social Security Check: | | Medical Expenses: | |
| Child Support: | | Court-Ordered Monies: | |
| Other Government Check: | | Child Support: | |
| Other Monthly Income: | | TOTAL NECESSARY EXPENSES* | |
| TOTAL INCOME* | | | |
| Savings/401K Balance: | | | |

STAFF USE ONLY:

Comments: _____

| | |
|--------------------------------|---|
| TOTAL MONTHLY INCOME: | |
| TOTAL MONTHLY EXPENSES: | - |
| DIFFERENCE (net income) | = |

| | |
|---|----------|
| DEFENDANT MEETS ELIGIBILITY REQUIREMENTS | |
| _____ YES | _____ NO |
| _____ UNDETERMINED | |

I have been advised of my right to representation by counsel in connection with 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.**

Signature of Defendant _____

Date _____