

# Financial Affidavit

Court-Appointed Attorney

Case Number: \_\_\_\_\_

**FALSE STATEMENTS COULD RESULT IN ANOTHER CASE BEING FILED AGAINST YOU**

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ S.S. # \_\_\_\_\_  
Street City State Zip

1. Are you \_\_\_ Self-Employed \_\_\_ Employed \_\_\_ Unemployed  
If self-employed, what line of work? \_\_\_\_\_  
If employed, who do you work for? \_\_\_\_\_  
In un-employed, for how long? \_\_\_\_\_  
Gross Salary \_\_\_\_\_ per week bi-weekly-monthly  
Business Phone \_\_\_\_\_ Manager or Supervisor \_\_\_\_\_

2. (Check One)
- |                 | <u>Dependants</u>  | <u>Monthly Bills</u>   |
|-----------------|--------------------|------------------------|
| _____ Single    | Total Number _____ | Rent/House Pmt _____   |
| _____ Married   | Ages _____         | Food/Clothing _____    |
| _____ Widowed   | _____              | Utilities _____        |
| _____ Separated | _____              | Alimony _____          |
| _____ Divorced  |                    | Support _____          |
|                 |                    | Installment Pmts _____ |
|                 |                    | Credit Cards _____     |
|                 |                    | Car Pmts _____         |
|                 |                    | Other Pmts _____       |
|                 |                    | Total Payments _____   |

3. Is there another contributor to household? \_\_\_ Yes \_\_\_ No  
If so, are they \_\_\_ Self-Employed \_\_\_ Employed \_\_\_ Unemployed  
If self-employed, what line of work? \_\_\_\_\_  
If employed, who does he/she work for? \_\_\_\_\_  
If employed, give an approximate monthly rate of pay \_\_\_\_\_  
In un-employed, for how long? \_\_\_\_\_

4. Do you own an automobile?

Year of automobile(s) \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Monthly Payment \_\_\_\_\_

5. Do you currently have any other court cases pending in the Gardner Municipal Court, in which you already have counsel appointed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give attorney's name \_\_\_\_\_

AFFIANT STATES THAT HE/SHE FULLY UNDERSTANDS THAT IF COUNSEL IS APPOINTED TO REPRESENT HIM/HER THEN THE AMOUNT EXPENDED BY THE CITY IN PROVIDING SUCH COUNSEL AND OTHER DEFENSE SERVICES WILL BE ENTERED AS A JUDGMENT AGAINST HIM/HER, AND THAT AN ACTION TO RECOVER SUCH AMOUNT MAY BE BROUGHT AGAINST ANY PERSON TO WHOM DEFENDANT MAY HAVE TRANSFERRED OR CONVEYED ANY OF HIS/HER PROPERTY WITHOUT ADEQUATE CONSIDERATION AFTER THE DATE OF THE COMMISSION OF ALLEGED CRIME.

AFFIANT FURTHER AFFIRMS THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Affiant  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Municipal Judge

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Council appointed: Name \_\_\_\_\_ Date \_\_\_\_\_