**Cause No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_ Mailing address is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ASSISTANCE:*** *I, or my spouse / my children* ***who live with me****, receive [Check ALL boxes that apply]:*

\_\_\_ Food stamps \_\_\_ Medicaid \_\_\_ TANF \_\_\_ Disability \_\_\_ SSI \_\_\_ Housing Assistance

**My income sources** are stated below (*check all that apply*):

\_\_\_ I have been **unemployed** since: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)*

\_\_\_ Wages: I work as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Job Title)*

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Your employer)*

\_\_\_ Child/spousal support \_\_\_ Unemployment

\_\_\_ My spouse’s income or income from another member of my household (if available)

\_\_\_Tips, bonuses \_\_Military Housing \_\_\_Workers Comp \_\_\_Disability \_\_\_Social Security \_\_\_ Retirement/Pension \_\_\_ Dividends, interest, royalties \_\_\_ 2nd job or other income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(describe)*

My **income amounts** are stated below.

1. My **monthly take-home wages** $ \_\_\_\_\_\_\_\_
2. The amount I receive each month in **public benefits**  $ \_\_\_\_\_\_\_\_
3. The amount of income from **other people in my household** $ \_\_\_\_\_\_\_\_
4. The amount I receive each month from **other sources** is: $ \_\_\_\_\_\_\_\_
5. **My TOTAL monthly income:** = $ \_\_\_\_\_\_\_\_

**Dependents:** The people who live with me and depend on me financially are:

*Name Age Relationship to Me*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expenses:** My monthly expenses include:

Rent/house payments $ \_\_\_\_\_\_\_\_ School & child care $ \_\_\_\_\_\_\_\_

Utilities and telephone $ \_\_\_\_\_\_\_\_ Child / spousal support $ \_\_\_\_\_\_\_\_

Medical and dental expenses $ \_\_\_\_\_\_\_\_ Insurance (life, health, auto) $ \_\_\_\_\_\_\_\_

Transportation, gasoline $ \_\_\_\_\_\_\_\_ Wages withheld by court order $ \_\_\_\_\_\_\_\_

**Total Monthly Expenses $ \_\_\_\_\_\_\_\_**

\_\_\_ I have talked to the following attorney(s) about my case(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ At the time of arrest, if arrested with others, list their names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_ I declare under penalty of perjury that the foregoing is true and correct.**

**\_\_\_ I further declare under penalty of perjury that I cannot afford to hire an attorney to**

**represent me, and I request appointment of counsel to represent me in this matter.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*For The Court’s Use Only\*\*\***

**\_\_\_ Approved \_\_\_ Denied \_\_\_ Undetermined \_\_\_ Interpreter Needed**

**Offense(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Defendant is in custody in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Bond Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**