

STATE OF MAINE
INDIGENCY AFFIDAVIT

SUPERIOR COURT

DISTRICT COURT

_____, ss
Docket No. _____

Location _____
Docket No. _____

PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE.

Name _____ Date of Birth _____ Age _____ Phone # _____
Address _____

I am requesting a court appointed lawyer for criminal case protective custody case
 waiver of fees and charges in the following civil case: _____

Marital Status: single married divorced separated widowed

I live: alone with spouse with parent with children with friend(s) other (list who) _____

List the names, ages and relationships of any dependents you support: _____

CASH ASSETS:

AVAILABLE MONEY (List all money currently available; include joint as well as individual accounts.)

- a. Cash on hand \$ _____
- b. Checking Account(s) \$ _____
Name of Financial Institution: _____
- c. Savings Account(s) \$ _____
Name of Financial Institution: _____
- d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. \$ _____
Description: _____ (value)
- e. Cash posted as bail \$ _____
- f. Other (Christmas Club, etc.) \$ _____
Description: _____

TOTAL CASH ASSETS: \$ _____

INCOME:

1. EMPLOYMENT (list employer name, address and telephone number)

- a. Where do you work? _____
- b. Length of time employed: _____ Full Time Part Time Seasonal
- c. If not currently employed, where and when were you last employed? _____
- d. Do you anticipate other employment or other income within the near future? yes no
If yes, please explain: _____

2. Do you receive any pay or any other kind of compensation for any other work you do that is not included above? If so, please explain: _____

3. MONTHLY/WEEKLY INCOME

- a. Salary and wages (take home pay) \$ _____ (per week month)
- b. Unemployment \$ _____ (per week month)
- c. Social Security \$ _____ (per week month)
- d. AFDC payments \$ _____ (per week month)
- e. Alimony/child support \$ _____ (per week month)
- f. Any income received and not reported above \$ _____ (per week month)
(E.g., veteran's benefits, worker's comp., pensions/retirement, nat'l guard, room rental. Please specify)

4. ASSETS OF SPOUSE (Include roommate with whom you share expenses; if you are under 18 years old include your parent.)

- a. Name of Person _____ b. Relationship to you _____
- c. Address _____ d. No. of this person's dependants _____
- e. Is this person employed yes no If yes, where? _____
- f. Estimated monthly/weekly income? \$ _____ (per week month)
- g. Is any of this income available to you/used for you? If so, how much? _____ (per week month)

5. Does anyone owe you any money? yes no If yes, how much? _____

6. Have you, or has anyone in your household, received *or do you expect to receive*, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, please explain. _____

OTHER ASSETS: Property (owned individually or with others)

- a. Do you own a house or other real estate? yes no If yes, what is the estimated market value of the property? \$ _____ What is the amount of any mortgage on the property? \$ _____ Who holds the mortgage? _____
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATV's, snowmobiles, etc.) \$ _____ Who holds the title to these vehicles? _____ Who are the vehicles registered to? _____
- c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. _____
- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) _____

EXPENSES:

1. Monthly Living Expenses

- a. Food and other grocery items \$ _____
 - b. Housing (rent/mortgage) \$ _____
 - c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$ _____
 - d. Other (Specify) _____
- TOTAL \$ _____

2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution	Purpose	Total Amount Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (specify) _____

TOTAL \$ _____

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for court appointed legal assistance? _____

I acknowledge that disclosure of my Social Security account number on this form is mandatory under 36 M.R.S.A. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney appointed to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

My Social Security account number is _____ - _____ - _____.

I furnish the above information to support my request for appointment of counsel to represent me with regard to the pending charges. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances.

Date: _____

Signature of party _____

Subscribed and sworn to before me,

Attorney - Clerk of Court - Notary Public - Judge / Justice

Based on review of defendant's financial circumstances, including an interview of the party, I make the following recommendation:

ELIGIBLE NOT ELIGIBLE PARTIALLY ELIGIBLE \$ _____

RECOMMENDATION _____

Date: _____

Financial Investigator _____