		Indigence	Form	
Defendant's Name		Date	e Cause #	
DOB	(print) Address			
Booking No	_ Defendant's Mobile		Yes	N
Defendant's Email Addre	ess			
Size of Family Unit Memb	ers of immediate family that you			
Name:		Age: F	Relationship:	
Employer:		Position:	How long:	
Monthly Income	Necessary M	o. Living Expenses	Nonexempt Assets	
Your Salary	Rent	3 1	Cash on Hand (self and spouse):	
Spouse's Salary	Mortgage		Amount in savings account	
SSI/SSDI	Utilities (gas,	electric, etc.)	Amount in checking account	
TANF	Transportatio		Any financial institutions where cash is held	
Child Support	Day Care / Cl		Value of Real Property (land):	
Social Security Check	Make: M Year:	lodel:	Value of stocks, bonds, investments, other assets	
Other Government Check	Medical Expe			
Other Monthly Income	Court-Ordere Child Suppor	t		
	Clothes/Food			
TOTAL INCOME	TOTAL NEC EXPENSES	CESSARY	TOTAL ASSETS	
What is the most money y contributions from family	and friends? \$		hin 24 hours after your arrest, including any	
TOTAL MONTHLY INC	COME:		DEFENDANT MEETS ELIGIBILITY REQUIREMENTS	
TOTAL MONTHLY EX	PENSES:		YES NO	
DIFFERENCE (net incom	me) =		UNDETERMINED	

I have been advised of my right to representation by counsel in connection with the charge pending against me. If I am asking the court to appoint counsel for me, then I certify that I am without means to employ counsel of my own choosing. 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. I understand all information is subject to verification and that falsification of this information is a criminal offense.

I am indigent and I am asking the court to appoint counsel for me.	I will hire my own attorney.
Signature of Defendant	Date

Revised 12/2020