

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

FINANCIAL DECLARATION

CASE # AND NAME: _____

NAME: _____
ADDRESS: _____

PHONE #: _____
MARITAL STATUS:
Single Married Divorced
NUMBER OF DEPENDENTS: _____

WARNING: The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

ASSETS

I. INCOME

PRESENT EMPLOYER'S NAME: _____
ADDRESS: _____
MONTHLY WAGES: Gross _____ Net _____

IF NOT CURRENTLY EMPLOYED:

NAME YOUR PRIOR EMPLOYER: _____

MONTH and YEAR LAST EMPLOYMENT: _____

MONTHLY EARNINGS LAST EMPLOYMENT: _____

OTHER INCOME:

WELFARE: _____ SOCIAL SECURITY: _____

PENSION: _____ OTHER: _____

II. PROPERTY

REAL ESTATE	VALUE	MORTGAGE AMOUNT	NET EQUITY
1. HOME	_____	_____	_____
2. OTHER	_____	_____	_____

VEHICLES	VALUE	OWED	NET
1. _____	_____	_____	_____
2. _____	_____	_____	_____

III. OTHER ASSETS

1. CASH ON HAND _____
2. BANK ACCOUNTS _____
3. CREDIT UNION _____
4. ACCOUNTS RECEIVABLE _____

5. JEWELRY _____
6. STOCKS _____
7. BONDS _____
8. OTHER _____

LIABILITIES

I.	REAL ESTATE LENDER	TOTAL OWED	MONTHLY PAYMENTS
	1. _____	_____	_____
	2. _____	_____	_____
II.	MOTOR VEHICLES LENDER	TOTAL OWED	MONTHLY PAYMENTS
	1. _____	_____	_____
	2. _____	_____	_____
III.	GENERAL DEBTS LENDER	TOTAL OWED	MONTHLY PAYMENTS
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
	4. _____	_____	_____
IV.	<u>MONTHLY HOUSEHOLD EXPENSES</u>		
	1. RENT _____	7. TRANSPORTATION _____	
	2. UTILITIES _____	8. CLOTHES _____	
	3. TELEPHONE _____	9. MEDICAL/DENTAL _____	
	4. GROCERIES _____	10. INSURANCE _____	
	5. CHILD SUPPORT _____	11. TAXES _____	
	6. ALIMONY _____	12. OTHER _____	

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE

REQUEST APPROVED:

REQUEST DISAPPROVED:

Date: _____

**United States Magistrate Judge
United States District Judge**