

# FINANCIAL AFFIDAVIT

CJA 23  
(REV. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICE WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)

IN THE CASE OF:

\_\_\_\_\_ VS. \_\_\_\_\_  
\_\_\_\_\_

FOR

AT

LOCATION NUMBER

LOCATION NUMBER
-----------------

PERSON REPRESENTED (Show your full name)

- 1  Defendant - Adult
- 2  Defendant - Juvenile
- 3  Appellant
- 4  Probation Violator
- 5  Parole Violator
- 6  Habeas Petitioner
- 7  2255 Petitioner
- 8  Material Witness
- 9  (Specify) \_\_\_\_\_

DOCKET NUMBERS

Magistrate
District Court
Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box)  Felony  
 Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
<b>ASSETS</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RECEIVED</td> <td style="width: 50%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$ _____	_____	_____	_____		
RECEIVED	SOURCES										
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES											
\$ _____	_____										
_____	_____										
<b>CASH</b>	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____										
<b>PROPERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">VALUE</td> <td style="width: 50%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, GIVE THE VALUE AND DESCRIBE IT</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND DESCRIBE IT		\$ _____	_____	_____	_____	_____	_____
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\$ _____	_____										
_____	_____										
_____	_____										

<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEPENDENTS</b>	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____
	<b>DEBTS &amp; MONTHLY BILLS</b> (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: _____ Creditors: _____	Total Debt \$ _____ \$ _____ \$ _____ \$ _____	Monthly Payt. \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED) \_\_\_\_\_