

AFFIDAVIT IN SUPPORT OF APPLICATION FOR
POOR PERSON RELIEF

I, ***, being duly sworn, depose and say that the answers to the questions in this statement are true and accurate to the best of my knowledge:

1. NAME DATE OF BIRTH

2. SOCIAL SECURITY NO. AGE

3. ADDRESS

TELEPHONE NO.

RESIDES WITH

RELATIONSHIP

4. EMPLOYER

ADDRESS

TELEPHONE NO.

OCCUPATION

5. IF A STUDENT

SCHOOL

ADDRESS

6. IF CURRENTLY IN MILITARY SERVICE

BRANCH

RANK

7. BAIL

AMOUNT OF BAIL

BOND/CASH

BAIL POSTED: YES _____ NO _____

PERSON WHO FURNISHED COLLATERAL OR CASH FOR BAIL

NAME

TELEPHONE NO.

ADDRESS

NATURE OF COLLATERAL

8. MARITAL STATUS: MARRIED
 SINGLE
 DIVORCED

() SEPARATED

9. IF APPLICABLE ()

NAME OF SPOUSE

ADDRESS

TELEPHONE NUMBER

SPOUSE'S EMPLOYER

ADDRESS

() CHILDREN

NUMBER

AGES

IF CHILDREN EMPLOYED ()

EMPLOYER

TELEPHONE NO.

ADDRESS

EMPLOYER

TELEPHONE NO.

ADDRESS

10. FILL OUT QUESTION 10 ONLY IF YOU ARE UNDER 21 YEARS OF AGE AND NOT MARRIED

FATHER'S NAME

TELEPHONE NO.

EMPLOYER

TELEPHONE NO.

ADDRESS

MOTHER'S NAME

TELEPHONE NO.

EMPLOYER

TELEPHONE NO.

ADDRESS

11. () DEPENDENTS (PEOPLE I SUPPORT SUCH AS BROTHERS, SISTERS, MOTHER, FATHER (EXCLUDING SPOUSE AND CHILDREN))

NAME

AGE

RELATIONSHIP

ADDRESS

EMPLOYER

TELEPHONE NUMBER

ADDRESS

NAME

AGE

RELATIONSHIP

ADDRESS

EMPLOYER

TELEPHONE NUMBER

ADDRESS

TOTAL NUMBER OF DEPENDENTS INCLUDING MYSELF

12. MONTHLY INCOME

a. DEFENDANT'S NET SALARY OR WAGES \$

b. SPOUSE'S NET SALARY OR WAGES \$

c. SALARY OR WAGES OF BROTHERS,
SISTERS, CHILDREN OR OTHER
DEPENDENTS (PLEASE IDENTIFY) \$

d. MOTHER'S NET SALARY OR WAGE \$

e. FATHER'S NET SALARY OR WAGE \$

f. SOCIAL SERVICE ASSISTANCE – AMOUNT \$

CASE NO.

g. SOCIAL SECURITY BENEFITS \$

h. DISABILITY-AMOUNT \$

TYPE (V.A., ETC.)

i. UNEMPLOYMENT INS. INCOME \$

j. WORKER'S COMP. \$

k. ALIMONY \$

l. SUPPORT \$

m. INTEREST \$

n. DIVIDENDS \$

o. RENTAL INCOME \$

() p. FOOD STAMPS OVER PURCHASE PRICE	\$
() q. CASH ON HAND	\$
() r. OTHER (SPECIFY)	\$

TOTAL	\$

13. MONTHLY EXPENSES

() a. RENT OR MORTGAGE	\$
PAID TO:	
NAME	
ADDRESS	

() b. UTILITIES	
1. ELECTRICITY	\$
2. HEAT	\$
3. WATER	\$
4. TELEPHONE	\$
5. OTHER (SPECIFY)	\$

() c. FOOD (INCLUDING AMOUNT PAID FOR FOOD STAMPS)	\$
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() d. CLOTHING (INCLUDING AMOUNT FOR ENTIRE HOUSEHOLD)	\$
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() e. CLEANING OF CLOTHING AND LAUNDRY	\$
---	----

() f. SUNDRIES (TOOTHPASTE SOAP ETC.)	\$
--	----

() g. MEDICAL	
1. DRUGS & MEDICINE	\$
2. DOCTOR BILLS	\$
3. DENTIST BILLS	\$
4. EYE GLASSES	\$
5. OTHER	\$

() h. INSURANCE PREMIUMS

- | | |
|---------------------|----|
| 1. LIFE INSURANCE | \$ |
| 2. HEALTH INSURANCE | \$ |

() i. AUTOMOBILE

- | | |
|----------------|----|
| 1. INSURANCE | \$ |
| 2. GAS | \$ |
| 3. MAINTENANCE | \$ |

() j. LOANS (CAR, PERSONAL, ETC.)

NAME OF LENDER

ADDRESS

UNPAID BALANCE \$

MONTHLY PAYMENT \$

() k. INSTALLMENT PAYMENT (example,
Master Card, Visa, etc.)

TO WHOM PAID

TOTAL DEBT \$

MONTHLY PAYMENT \$

TO WHOM PAID

TOTAL DEBT \$

MONTHLY PAYMENT \$

() l. TRANSPORTATION TO WORK
(OTHER THAN BY CAR) \$

() m. SCHOOL EXPENSES

- | | |
|------------|----|
| 1. LUNCH | \$ |
| 2. TUITION | \$ |
| 3. OTHER | \$ |

() n. DAY CARE (includ. Transportation) \$

o. RECREATION \$

p. NON RECURRING EXPENSES \$
(EXAMPLE: baby crib, house expenses such
as roof repair, appliances (specify))

q. OTHER (SPECIFY) \$

14. IF THE ANSWERS IN THIS QUESTIONNAIRE ARE NOT IN YOUR HANDWRITING, WERE
THE QUESTIONS AND ANSWERS READ TO YOU AND ARE YOUR ANSWERS TRUE?

(Signature) _____

Sworn to before me this
*** day of **** 1999
