



**FINANCIAL STATEMENT, AFFIDAVIT OF
INDIGENCY, REQUEST FOR COUNSEL AND
ORDER (CRIMINAL CASES)**

Case No. _____
Court _____
County _____

Name: _____ Age: _____

Address: _____

Telephone: (_____) _____ Charges: _____

FINANCIAL STATEMENT:

1. Income:
Employed? Yes No
If Yes: Full-time Part-time Temporary/Seasonal Length of Employment: _____
Income from Employment:
 monthly biweekly hourly \$ _____
If No, date last employed: _____

Married? Yes No If Yes, Spouse Employed? Yes No
If Yes, Spouse's Income from Employment: monthly biweekly hourly \$ _____

Total Income from ALL other source(s) and amount received per month:
 Welfare: \$ _____ Food Stamps: \$ _____ Social Security/Disability: \$ _____
 Worker's Comp: \$ _____ Unemployment: \$ _____ Retirement: \$ _____
 Child Support/Maintenance: \$ _____ Stocks, Trusts, Bonds: \$ _____
 Child Care Assistance: \$ _____ Other : _____

Total Income from ALL other source(s): \$ _____

TOTAL MONTHLY INCOME: \$ _____

2. Property:
Own Real Estate? Yes No
If Yes, Value of Real Estate: \$ _____ Amount owed : \$ _____
Own Mobile Home? Yes No
If Yes, Value of Mobile Home: \$ _____ Amount owed : \$ _____

Own Personal Property:
Motor Vehicles in Operable Condition (including motor cycles, riding lawn mowers, ATVs, etc.):
Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____
Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____
Make/Model Year: _____ Value: \$ _____ Amount Owed: \$ _____

Bank Accounts: Yes No
If Yes, total balance of all accounts: \$ _____

Other Asset(s) (i.e., boat, jewelry, cash)
Asset type: _____ Value: \$ _____ Amount owed: \$ _____

Asset type: _____ Value: \$ _____ Amount owed: \$ _____

3. Dependents: Yes No

If Yes, Number of Dependent(s) (including children, elderly, or disabled): _____

Relationship of dependent(s): _____ Age(s) of Dependent(s) _____

4. Monthly Expenditures:

Mortgage payment/ Rent: Yes No

If Yes, amount of payment: \$ _____

Child support obligation: Yes No

If Yes, amount of payment: \$ _____

Other out-of-pocket monthly bills (FOR HOUSEHOLD):

utilities: \$ _____ water: \$ _____ telephone service (land or cell): \$ _____

internet service: \$ _____ cable/satellite: \$ _____ car payment: \$ _____

credit card payments: \$ _____ car / health/home owners/ renters insurance payments: \$ _____

unreimbursed childcare: \$ _____ tuition: \$ _____ medical debts: \$ _____

student loan payments: \$ _____ Other Financial Obligations: \$ _____

Total of other out-of-pocket monthly bills: \$ _____

TOTAL MONTHLY EXPENDITURES: \$ _____

5. Cash bond posted: Yes No If Yes, amount of bond: \$ _____

Posted by (Name of Surety): _____

Request for Appointment of Counsel: I state to the Court that:

(1) I am not now represented by an attorney and

(2) I am without sufficient financial means or assets to afford a private attorney; or

(3) I have retained or intend to retain private counsel. _____

Name of Counsel

PERJURY WARNING: I understand that **knowingly** making **any false statement** in this Financial Statement, Affidavit of Indigency and Request for Appointment of Counsel will subject me to the penalties for perjury as contained in KRS Chapter 523, **exposing me to a maximum sentence of five (5) years imprisonment.** I declare under the penalty of perjury that I have read or have had read to me the above Financial Statement, Affidavit of Indigency and Request for Appointment of Counsel and that the information contained within is true, complete, and accurate to the best of my knowledge.

Affiant's Signature

Date

Being sworn to tell the truth, I certify that the facts and information stated in the above Financial Statement, Affidavit of Indigency and Request for Appointment of Counsel are true, complete, and accurate to the best of my knowledge. I also further swear to timely inform the Court of any significant changes in any of the information in the above Affidavit of Indigency.

Affiant's Signature

Date

Signature/Title of Officer Administering Oath

Date



**FINANCIAL STATEMENT; AFFIDAVIT OF
INDIGENCY; REQUEST FOR COUNSEL; AND
ORDER (CRIMINAL CASES)**

Case No. _____

Court _____

County _____

ORDER

Based upon the above attested statements, IT IS HEREBY ORDERED:

1. The Affiant, _____,

is NOT indigent pursuant to KRS Chapter 31 and the Request for Appointment of Counsel is DENIED.

is indigent pursuant to KRS Chapter 31 and the Request for Appointment of Counsel is GRANTED. The Court appoints the Department of Public Advocacy to represent the Defendant in the above-styled case.

2. A partial fee for representation

is NOT assessed.

is assessed in the amount of \$ _____ to be paid in full no later than the _____ day of _____, 2_____.

may be reserved for a later date.

DATE: _____, 2_____

JUDGE

District/Circuit (*Circle one*) Division _____