APPLICATION FOR INABILITY TO PAY OR INDIGENCY REVIEW

The following documents, if they apply, \underline{MUST} be attached to support the application. $\underline{You~will~not~be~contacted~to~ask}$ for additional information, and your application WILL NOT be reviewed unless the proof is included.

| 1. Are you a person under 18 years of (If so, a parent or legal guardian is | | | |
|---|--|-------------------------|---|
| 2 Current PAY STUBS <u>or</u> W2 <u>or</u> | Income Tax Filings for all pe | rsons working in the l | household; |
| 3 Proof of PUBLIC ASSISTANC Housing; Food Stamps; TANIF; or MEDICAID; | E received by anyone in the l | nousehold; | |
| 4 UNEMPLOYMENT PAYMEN | TS received by anyone in the | household; | |
| 5 WORKERS' COMPENSATION | NPAYMENTS received by an | yone in the household | d; |
| 6 SSI or SSD AWARD LETTER r | eceived by anyone in the hou | sehold; | |
| 7 LETTER FROM EMPLOYER F | OR LAYOFF OR REDUCTIO | N OF HOURS receive | ed by anyone in the household; |
| 8 MEDICAL RECORDS of anyon | ne in the household indicating | g inability to work | |
| | 1 2 | | OURS IF YOU ARE FOUND n are suffered and comforts of life are wholly |
| | roviding false information or nt be prosecuted for said false | | nt to the Judiciary is a Felony at: |
| I understand that the | ne Federal Poverty Guideline | s will be used to deter | mine eligibility; |
| I understand that I a full time stud | - C | lely because our bills | exceed our income and/or I am |
| income, includ | ne income of the household wing value of food stamps, houry other source of income | | |
| I UNDERSTAND BY SIGNING THI NUMBER(S) LISTED BELOW AND CITATIONS LISTED WILL BE PROCE | WILL BE FOUND GUILTY . | | |
| CITATION NUMBERS: | | | |
| I swear that the above information | n is true and correct to the | e best of my knowle | edge. |
| Defendant's Signature | Em | ail Address | |
| Mailing address (including City, St | ate and ZIP) | | _() Phone Number (including area code) |
| Date | Clerk's Init | ials | _ |

AFFIDAVIT OF INDIGENCY Personal Information

Personal Information (Fill in all Blanks)

| Name: | | | Case No: | |
|---|------------------|---------------------------------|---|---|
| Address: | | | CID No: | |
| | | | | |
| Phone Number: | | | - | |
| DOB: | Age: | Race: | Sex: Male | Female |
| Are you married? | Yes ☐ No [| Name of Spouse | : | |
| | | <u>DEPENDENT</u> | INFORMATION | |
| How many people of | do you support? | How man | y people live with you? _ | |
| Name | Age | Relationship | Living with | you Y/N Income |
| | | | | |
| | | | | |
| If employed: | | | | |
| Employer's Name: | | | _ Length of Employmer | ıt: |
| Amount paid \$() Twice month | ly – amount x 2 | How paid? () 4; () Every two | Monthly-amount x12 (weeks- amount x 26; (|) Daily x no. days worke) Weekly- amount x 52 |
| Address: | | | Phone Number: | |
| Supervisor's Name | | | | |
| If unemployed: How long? Name of previous e | Rea employer: | son for unemploym | ent | |
| Does anyone suppo If yes, answer the | ort you? Yes 🗌 | No 🗆 | | |
| Name of Person wh | no supports you: | | Age: | Relationship: |
| Address: | | | Phone Number: | Relationship: |
| Do you live with th | em? Yes□ | No ☐ Where do | o they work? | |

Defendant's Financial Information

| Income | Amount | Car Payment (How many?) | |
|-------------------------------------|----------|---|--|
| Gross Pay | | Insurance (Life, Health, Car, | |
| Spouse's Pay | | Homeowners, ect. | |
| Investment Income | | Child Care | |
| Stock Dividend | | Child Support | |
| Bond Dividend | | Water | |
| Rental Income | | Gas- Home | |
| Pension Payments | | Gas- Automobile | |
| Unemployment | | Telephone | |
| Social Security Benefits | | Electricity | |
| Child Support | | Food | |
| Public Assistance | | Clothes | |
| TANF (Welfare- Food Stamps) | | Medical | |
| SSI (Social Security) | | Cable TV or Satellite TV | |
| Medicaid (yes or no) | | Cell Phone/Pager | |
| WIC (women, infant and children) | | Charge accounts and othe Payments: | |
| Cash Gifts | | 1 | |
| Other | | 2 | |
| Total Gross Monthly Income | | 3 | |
| Total Gross Annual Income | | 4 | |
| Assets | Amount | - | |
| Residence- Amount Owed | 7 | - | |
| Residence- Market Value | | <u>Notes:</u> | |
| Other Real Property | | - | |
| Type/Location | | | |
| 1 | | | |
| Other Property | | | |
| (Identify jewelry, equipment, | | | |
| watercrafts, stocks, Bonds, Etc.) | | | |
| Automobile | | | |
| Make Model Year | | | |
| 1 | | | |
| 2 | | By signing my name below, I affirm that all of the above | |
| Bank Accounts | | information about my financial condition is current, | |
| Bank NameType | Balance | accurate and true. I understand that a court official co | |
| 1 | | verify any of the information for accuracy as required to determine my eligibility. | |
| 2 | | to determine my engionity. | |
| Total Asset Value: | | 1 | |
| COURT FINDING: | | | |
| Indigent Insufficient Info | ormation | | |
| Not Indigent No finding-Posted Bond | | Defendant's Signature | |
| | | Swarn and subsarihad before this day of | |
| Charges Dropped Withdrew Reque | est | Sworn and subscribed before thisday of, 20 | |
| | | | |
| | | (Judge) (Clerk) (Deputy Clerk) (Notary | |