

**FINANCIAL DISCLOSURE / AFFIDAVIT OF INDIGENCY
TO BE FILED WITH MOTION TO PROCEED IN FORMA PAUPERIS**

I. PERSONAL INFORMATION

Name/Applicant	Party Represented (if applicant, enter "same")		D.O.B.
Mailing Address	City	State	ZIP
Case No.	Phone ()	Message Phone (within 48 hours) ()	

II. OTHER PERSONS LIVING IN HOUSEHOLD

Name 1)	D.O.B	Relationship	Name 3)	D.O.B	Relationship
2)			4)		

III. MONTHLY INCOME/EMPLOYMENT INFORMATION

Type of Income	Applicant	Spouse (or Parents if applicant is a juvenile)	Other Household Members	Total
Employment (Gross)				
Unemployment				
Worker's Comp.				
Pension/Social Security				
Child Support				
Works First/TANF				
Disability				
Other				

Employer's Name (for all household members)	A. TOTAL INCOME	\$
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Employer's Address	Phone ()
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IV. ALLOWABLE EXPENSES

V. TOTAL INCOME

Type of Expense	Amount
Child Support Paid Out	
Child Care (if working only)	
Transportation for Work	
Insurance	
Medical/Dental	
Medical & Associated Costs Of Caring for Infirm Family Members	
B. EXPENSES	\$

Total Income – Allowable Expenses = Adjusted Total Income

A. TOTAL INCOME	\$
- B. EXPENSES	\$
C. ADJUSTED TOTAL INCOME	\$

VI. ASSET INFORMATION

Type of Asset	Describe / Length of Ownership / Make, Model, Year (where applicable)	Estimated Value
Real Estate / Home	Price:\$ Date Purchased: Amt. Owed:\$	
Stocks / Bonds / CD's		
Automobiles		
Trucks / Boats / Motorcycles		
Other Valuable Property		
Cash on Hand		
Money Owed to Applicant		
Other		
Checking Acct. Balance		
Savings/MM Acct. Balance		

D. TOTAL ASSETS	\$
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