

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

**I. PERSONAL INFORMATION**

Name/Applicant	Party Represented ( <i>if applicant, enter "same"</i> )			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)	<b>A. TOTAL INCOME</b>	\$
Employer's Address		Phone (     )

**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>B. EXPENSES</b>	<b>\$</b>

Total Income – Allowable Expenses = Adjusted Total Income

<b>A. TOTAL INCOME</b>	\$
<b>- B. EXPENSES</b>	\$
<b>C. ADJUSTED TOTAL INCOME</b>	\$

**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		

	<b>D. TOTAL ASSETS</b>	\$
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VII. MONTHLY LIABILITIES/OTHER EXPENSES		VIII. GRAND TOTALS	
Type of Liability	Amount		
Rent / Mortgage			
Food		<b>C. ADJ. TOTAL INCOME</b>	<input type="text"/>
Electric			
Gas		<b>D. TOTAL ASSETS</b>	<input type="text"/>
Fuel			
Telephone		<b>E. LIABILITIES &amp; OTHER</b>	<input type="text"/>
Cable			
Water / Sewer / Trash			
Credit Cards			
Loans			
Taxes Owed			
Other			
<b>E. LIABILITIES &amp; OTHER EXPENSE</b>			

**IX. AFFIDAVIT OF INDIGENCY**

I, \_\_\_\_\_ (affiant) being duly sworn, say:

I hereby certify that the information I have provided on this financial disclosure form is true to the best of my knowledge.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Date

**Notary Public/Individual duly authorized to administer oath:**

Subscribed and duly sworn before me according to law, by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Signature of person administering oath

\_\_\_\_\_  
Title