



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

Case No. _____
Court _____
County _____
Division _____

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 making a false statement in the Financial Statement, Affidavit of Indigency, Request for Counsel and Order may subject me to the penalties for perjury as contained in KRS Chapter 523. **The maximum sentence for perjury is five (5) years imprisonment.** I declare under the penalty of perjury that I have read or have had read to me the information contained on this form and that the statements provided here are true, complete and accurate to the best of my personal knowledge.

_____, 2_____
Date

Affiant's Signature

_____, 2_____
Date

Signature/Title of Officer Administering Oath



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INDIGENCY; REQUEST FOR COUNSEL; AND
ORDER (CRIMINAL CASES)**

Case No. _____
Court _____
County _____
Division _____

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.

_____, 2_____
Date

JUDGE

District/Circuit (*Circle one*) Division _____