

REPORT OF FINANCIAL STATUS
FORM MUST IDENTIFY HOW DEFENDANT IS SUPPORTED; MUST BE SIGNED

Client _____ Court _____ (pre)Indictment # _____ Docket # _____

Present status: Incarcerated Released \$ _____ bail posted by _____ as follows: cash property surety

The above-named client states the following:

I. **CLIENT:** Date of Birth _____ Age _____ Marital Status _____ # of dependents (spouse & children under 21, **not incl. Self**): _____
 Public Benefit # (public assistance, Medicaid, SSI benefit, food stamps): _____
 Country in which client was born: _____ Is Client a U.S. citizen? Yes No

Address _____ City & State _____ ZIP _____ Phone _____

Any other current cases pending in any Court? If so, state Court, type of matter, and name of attorney _____

If under age of 21: Parents' names & addresses _____

Does client live with parents? Yes No If not, how long lived away? _____

Ttl. # of persons in parental household, incl. client _____

Reason not living with parents: _____

II. INCOME: ALL FIGURES SHOULD BE GROSS AMOUNTS. Do not use "ditto" marks.

	<u>Client</u>	<u>Spouse</u>	<u>Father</u>	<u>Mother</u>
Employment Income/week	_____	_____	_____	_____
Unemployment/week	_____	_____	_____	_____
Disability Benefits/week	_____	_____	_____	_____
Social Security/month	_____	_____	_____	_____
Pension/month	_____	_____	_____	_____
Alimony or Support/week	_____	_____	_____	_____
Rental Income/month	_____	_____	_____	_____
Food Stamps/month	_____	_____	_____	_____
Other /month	_____	_____	_____	_____

III. ASSETS (must be completed)

Savings, checking & trust accts	_____	_____	_____	_____
Cash on hand	_____	_____	_____	_____
Vehicles owned (describe)	_____	_____	_____	_____
-Value	_____	_____	_____	_____
-Amt. Owed	_____	_____	_____	_____
Real estate owned	_____	_____	_____	_____
-Value	_____	_____	_____	_____
-Amt. Owed	_____	_____	_____	_____
ASSETS TOTAL	_____	_____	_____	_____

IV. OBLIGATIONS: All figures except rent/mortgage should be weekly (must be completed)

Spousal/child support	_____	_____	_____	_____
Other (describe for each)	_____	_____	_____	_____
WKLY OBLIGAT. TTL.	_____	_____	_____	_____
<u>Monthly</u> rent/mortgage	_____	_____	_____	_____

V. Other pertinent financial information, eg. length of employment; ** If no income of own, how client supports self/survives:

I have personally provided the information in this report to my attorney. I have read this report and agree with its contents. I agree to tell my attorney at once if any of the above information changes, and agree to reimburse the Assigned Counsel Program all of its costs, including attorney costs, if I fail to do so and the change makes me ineligible for the program.

Signed: _____

____ Client ____ Parent/Guardian

Dated: this _____ day of _____, 20____