

**CONFIDENTIAL REPORT OF FINANCIAL STATUS**

Correct any errors that have been pre-printed on this form. Enter any missing information.  
 (Client MUST sign. Counsel must upload to case tab of pertinent file and retain original.)

Client		Court:	
Address:		Docket/Case::	
		Prelim Judge:	
Phone:		DOB:	
Country of birth:		Marital Status:	
Military:		Dependents:	
Benefits:		Email:	
Employer:		Occupation:	
Address:		Bail Status:	_____ (a) / _____ (b) Other: <input type="checkbox"/> Incarcerated <input type="checkbox"/> ROR <input type="checkbox"/> Posted
Codefendants:			
Arrest Date:		Arraign. Date:	
If defendant is under 21, does client live with parents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes how many in household? _____			
Parent 1:		Parent 2:	
Address:		Address:	
Phone:		Phone:	
Client Net Income:		AFPG:	

**Part II: Eligibility is presumed if the answer to any of the following is "yes". No further inquiry is required unless there is reason to believe the client has substantial assets or income not otherwise recorded:**

Is the applicant currently incarcerated, detained, or confined to a mental health facility? \_\_\_\_\_ Yes

Is the applicant currently receiving need-based public assistance (or recently been deemed eligible, pending receipt)? \_\_\_\_\_ Yes

Has the client been found eligible for assigned counsel in the last 6 months? \_\_\_\_\_ Yes

**If the client is not presumed eligible or there is reason to believe they may otherwise have the ability to retain counsel, please complete the following page.**

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<b>INCOME: ALL FIGURES SHOULD BE GROSS AMOUNTS. Do not use "ditto" marks.</b>	
	<b>Client</b>
Employment Net (wk)	
Unemployment (wk)	
Disability Benefits (wk)	
Social Security (mo)	
Pension (mo)	
Rental Income (mo)	
Food Stamps (mo)	
Pension / Annuity (mo)	

<b>III. ASSETS (must be completed)</b>	
	<b>Client</b>
Bank Accounts	
Cash on Hand	
Real Estate Value	
Real Estate Equity	
Is real estate primary residence?	
Auto Make/Model	
Auto Value	
Auto Equity	
Auto used for basic life activity?	

<b>Expenses and Obligations</b>	
	<b>Client</b>
Food	
Rent	
Utilities	
Auto expenses	
Child care costs	
Child Support Paid	
Alimony Paid	
Medical Bills (mo)	
Other (Describe Below)	

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: \_\_\_\_\_

Date: \_\_\_\_\_