

In Re: The Matter of _____ Case Number: _____

AFFIDAVIT OF INDIGENCY

Instructions:

You should complete this form only if you claim you are indigent and believe you cannot afford to hire your own attorney.

Caution, you are signing this form and certifying its contents under the penalties for perjury.

Verified Affidavit:

My name is _____.

I am currently employed by _____.

My gross *weekly* wages (before taxes) are \$ _____.

I work _____ hours per week.

I have \$ _____ in the bank.

I have the following *weekly* expenses:

\$ _____ housing

\$ _____ food

\$ _____ transportation

\$ _____ medical insurance

\$ _____ child support (that you are actually paying).

I receive income (per week) from the following sources:

\$ _____ unemployment compensation

\$ _____ SSI/SSD and it is SSI SSD

\$ _____ AFDC/TANF

\$ _____ child support

\$ _____ (Other) please specify _____.

I am **legally responsible** for the care of the following individuals, **who live with me**, and who are under the age of 18:

(Name) _____ (relationship) _____.

(Name)_____ (relationship) _____.

(Name)_____ (relationship) _____.

(Name)_____ (relationship) _____.

(Name)_____ (relationship) _____.

I live with the following individuals who are over the age of 18:

(Name)_____ (relationship) _____.

(Name)_____ (relationship) _____.

The combined weekly income of all individuals who reside with me, whether over or under 18, **including myself**, is \$_____.

I affirm under the penalties for perjury the foregoing statements are true.

Date_____

Signature_____

Printed Name _____