

# FINANCIAL AFFIDAVIT

CJA23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES  MAGISTRATE  DISTRICT  APPEALS COURT or  OTHER PANEL (Specify below)  
 IN THE CASE OF \_\_\_\_\_

|                 |
|-----------------|
| LOCATION NUMBER |
|-----------------|

\_\_\_\_\_ vs. \_\_\_\_\_ FOR \_\_\_\_\_  
 \_\_\_\_\_ AT \_\_\_\_\_

PERSON REPRESENTED (Show your full name)

- 1. Defendant -- Adult
- 2. Defendant -- Juvenile
- 3. Appellant
- 4. Probation Violator
- 5. Parole Violator
- 6. Habeas Petitioner
- 7. 2255 Petitioner
- 8. Material Witness
- 9. Other (Specify) \_\_\_\_\_

|                  |
|------------------|
| DOCKET NUMBERS   |
| Magistrate       |
| District Court   |
| Court of Appeals |

CHARGE/OFFENSE (describe if applicable & check box -->  Felony  Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

|                   |  |             |          |             |       |  |       |       |  |       |       |  |       |
|-------------------|--|-------------|----------|-------------|-------|--|-------|-------|--|-------|-------|--|-------|
| <b>EMPLOYMENT</b> | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed<br>Name and address of employer: _____<br>IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment<br>How much did you earn per month \$ _____  |             |          |             |       |  |       |       |  |       |       |  |       |
|                   | If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, how much does your Spouse earn per month \$ _____ If a minor under age 21, what is your<br>Parents or Guardian's approximate monthly income \$ _____   |             |          |             |       |  |       |       |  |       |       |  |       |
| <b>ASSETS</b>     | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="text-align: center;">RECEIVED</td> <td style="text-align: center;">SOURCE5</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> </table> |             | RECEIVED | SOURCE5     | _____ |  | _____ | _____ |  | _____ | _____ |  | _____ |
|                   | RECEIVED   | SOURCE5     |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |
| <b>CASH</b>       | Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ _____   |             |          |             |       |  |       |       |  |       |       |  |       |
| <b>PROPERTY</b>   | Do you own any real <b>estate, stocks, bonds, notes.</b> automobiles. or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IF YES, GIVE VALUE AND DESCRIBE IT<br><table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="text-align: center;">VALUE</td> <td style="text-align: center;">DESCRIPTION</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> <tr> <td>_____</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td>_____</td> </tr> </table>  |             | VALUE    | DESCRIPTION | _____ |  | _____ | _____ |  | _____ | _____ |  | _____ |
|                   | VALUE  | DESCRIPTION |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |
| _____             |  | _____       |          |             |       |  |       |       |  |       |       |  |       |

|                                |   |                                  |  |
|--------------------------------|---|----------------------------------|--|
| <b>OBLIGATIONS &amp; DEBTS</b> | MARITAL STATUS<br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> MARRIED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> SEPARATED OR DIVORCED | Total No. of Dependents<br>_____ | List persons you actually support and your relationship to them<br>_____<br>_____<br>_____ |
|                                | DEBTS & MONTHLY BILLS (LIST ALL CREDITORS INCLUDING BANKS LOAN COMPANIES CHARGE ACCOUNTS, ETC.)   |                                  |  |
|                                | Creditors   | Total Debt                       | Monthly Payt.  |
| APARTMENT OR HOME:             | _____   | \$ _____                         | \$ _____   |
| _____                          | _____   | \$ _____                         | \$ _____   |
| _____                          | _____   | \$ _____                         | \$ _____   |
| _____                          | _____   | \$ _____                         | \$ _____   |

I certify the above to be correct.

SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

**WARNING** A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH