

STATE OF MAINE  
INDIGENCY AFFIDAVIT

SUPERIOR COURT

DISTRICT COURT

\_\_\_\_\_, ss  
Docket No. \_\_\_\_\_

Location \_\_\_\_\_  
Docket No. \_\_\_\_\_

**PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

I am requesting a  court appointed lawyer for  criminal case  protective custody case  
 waiver of fees and charges in the following civil case: \_\_\_\_\_

Marital Status:  single  married  divorced  separated  widowed

I live:  alone  with spouse  with parent  with children  with friend(s)  other (list who) \_\_\_\_\_

List the names, ages and relationships of any dependents you support: \_\_\_\_\_

**CASH ASSETS:**

AVAILABLE MONEY (List all money currently available; include joint as well as individual accounts.)

- a. Cash on hand \$ \_\_\_\_\_
- b. Checking Account(s) \$ \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_
- c. Savings Account(s) \$ \_\_\_\_\_  
Name of Financial Institution: \_\_\_\_\_
- d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. \$ \_\_\_\_\_  
Description: \_\_\_\_\_ (value)
- e. Cash posted as bail \$ \_\_\_\_\_
- f. Other (Christmas Club, etc.) \$ \_\_\_\_\_  
Description: \_\_\_\_\_

**TOTAL CASH ASSETS:** \$ \_\_\_\_\_

**INCOME:**

1. EMPLOYMENT (list employer name, address and telephone number)

- a. Where do you work? \_\_\_\_\_
- b. Length of time employed: \_\_\_\_\_  Full Time  Part Time  Seasonal
- c. If not currently employed, where and when were you last employed? \_\_\_\_\_
- d. Do you anticipate other employment or other income within the near future?  yes  no  
If yes, please explain: \_\_\_\_\_

2. Do you receive any pay or any other kind of compensation for any other work you do that is not included above? If so, please explain: \_\_\_\_\_

3. MONTHLY/WEEKLY INCOME

- a. Salary and wages (take home pay) \$ \_\_\_\_\_ (per  week  month)
- b. Unemployment \$ \_\_\_\_\_ (per  week  month)
- c. Social Security \$ \_\_\_\_\_ (per  week  month)
- d. AFDC payments \$ \_\_\_\_\_ (per  week  month)
- e. Alimony/child support \$ \_\_\_\_\_ (per  week  month)
- f. Any income received and not reported above \$ \_\_\_\_\_ (per  week  month)  
(E.g., veteran's benefits, worker's comp., pensions/retirement, nat'l guard, room rental. Please specify)

4. ASSETS OF SPOUSE (Include roommate with whom you share expenses; if you are under 18 years old include your parent.)

- a. Name of Person \_\_\_\_\_ b. Relationship to you \_\_\_\_\_
- c. Address \_\_\_\_\_ d. No. of this person's dependants \_\_\_\_\_
- e. Is this person employed  yes  no If yes, where? \_\_\_\_\_
- f. Estimated monthly/weekly income? \$ \_\_\_\_\_ (per  week  month)
- g. Is any of this income available to you/used for you? If so, how much? \_\_\_\_\_ (per  week  month)

5. Does anyone owe you any money?  yes  no If yes, how much? \_\_\_\_\_

6. Have you, or has anyone in your household, received *or do you expect to receive*, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, please explain. \_\_\_\_\_

**OTHER ASSETS:** Property (owned individually or with others)

- a. Do you own a house or other real estate?  yes  no If yes, what is the estimated market value of the property? \$\_\_\_\_\_ What is the amount of any mortgage on the property? \$\_\_\_\_\_ Who holds the mortgage? \_\_\_\_\_
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATV's, snowmobiles, etc.) \$\_\_\_\_\_ Who holds the title to these vehicles? \_\_\_\_\_ Who are the vehicles registered to? \_\_\_\_\_
- c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. \_\_\_\_\_
- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) \_\_\_\_\_

**EXPENSES:**

1. Monthly Living Expenses

- a. Food and other grocery items \$\_\_\_\_\_
  - b. Housing (rent/mortgage) \$\_\_\_\_\_
  - c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$\_\_\_\_\_
  - d. Other (Specify) \_\_\_\_\_
- TOTAL \$\_\_\_\_\_

2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution	Purpose	Total Amount Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (specify) \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for court appointed legal assistance? \_\_\_\_\_

I acknowledge that disclosure of my Social Security account number on this form is mandatory under 36 M.R.S.A. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney appointed to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

My Social Security account number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.

I furnish the above information to support my request for appointment of counsel to represent me with regard to the pending charges. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my employment or other financial circumstances.

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

Signature of party \_\_\_\_\_

Subscribed and sworn to before me,

\_\_\_\_\_  
Attorney - Clerk of Court - Notary Public - Judge / Justice

Based on review of defendant's financial circumstances, including an interview of the party, I make the following recommendation:

ELIGIBLE  NOT ELIGIBLE  PARTIALLY ELIGIBLE \$ \_\_\_\_\_

RECOMMENDATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_