

FINANCIAL AFFIDAVIT

CJA 23
(REV. 5/98)

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

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF: _____ VS. _____
 _____ FOR _____
 _____ AT _____

LOCATION NUMBER

DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

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 (Specify) _____

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

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment How much did you earn per month? \$ _____ If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
ASSETS	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 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">RECEIVED</td> <td style="width: 60%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES		[]	_____	[]	_____	[]	_____
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[]	_____										
[]	_____										
[]	_____										
CASH	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 \$ _____										
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; text-align: center;">VALUE</td> <td style="width: 60%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">[]</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table>	VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		[]	_____	[]	_____	[]	_____
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[]	_____										

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

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED) _____