

One Hamilton County Square
Noblesville, IN 46060

Hamilton County Circuit/Superior Court No. ____

Cause No. 29 ____ - ____ - ____ - ____

Please complete Cause Number for your case

AFFIDAVIT OF INDIGENCY AND REQUEST FOR APPOINTMENT OF COUNSEL

Please state accurately and completely the following information:

Name: _____ Age: _____ Telephone No.: (____) _____ - _____

Date of Birth: ____ / ____ / ____ Social Security Number (last four digits only): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Current Employer: _____

How often are you paid? _____ Amount you **bring home** when you are paid: \$ _____

Amount you are paid **before deductions**: \$ _____

If you are unemployed, how long have you been unemployed? _____

Why are unemployed? _____

Are you (check one): married? single? divorced?

If you are married, what is your spouse's name? _____

Please list spouse's address, if different from yours:

Street Address: _____

City: _____ State: _____ Zip: _____

Spouse's Occupation: _____ Spouse's Employer: _____

How often is your spouse paid? _____ Amount spouse **brings home** when paid: \$ _____

Amount spouse is paid **before deductions**: \$ _____

If your spouse is unemployed, how long has he or she been unemployed? _____

Why is your spouse unemployed? _____

If you are married, please list all other sources of income for you and your spouse:

Unemployment How much? _____ How often received? _____

Severance Pay How much? _____ How often received? _____

Disability How much? _____ How often received? _____

Worker's Comp. How much? _____ How often received? _____

Child Support How much? _____ How often received? _____

Sick Pay How much? _____ How often received? _____

Welfare How much? _____ How often received? _____

Other How much? _____ How often received? _____

Is your health good? _____ If not, please explain: _____

Who else lives with you in your residence?

Name	Age	Occupation	Weekly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own real estate? _____ If yes, what is its value? _____ Amount owed on it, if any? _____

Do you pay rent? _____ If yes, total amount of rent? _____ Amount you pay? _____

Do you pay Child Support? _____ If yes, how much do you pay each month? \$ _____ Arrears: \$ _____

Please list all vehicles, such as cars, trucks, or motorcycles, that you own or that are in your name:

Type of Vehicle: _____ Value: \$ _____ Amount owed on it, if any: \$ _____

Type of Vehicle: _____ Value: \$ _____ Amount owed on it, if any: \$ _____

Please list all other property that you own, such as boats, televisions, trailers, etc., worth \$500 or more:

Type of Property: _____ Value: \$ _____ Amount owed on it, if any: \$ _____

Type of Property: _____ Value: \$ _____ Amount owed on it, if any: \$ _____

Please list all debts that you owe over \$250:

Who do you owe?	Amount you owe?
_____	_____
_____	_____
_____	_____

Please list all bank accounts in your name individually or jointly with someone else:

Type of account: _____ Amount in account: _____

Type of account: _____ Amount in account: _____

Why do you need an attorney? _____

If you have another case pending under a different Cause Number, please list the Attorney who is representing you on that case: _____

If you are charged with a Violation of Probation, please list the Attorney who represented you on this case when you pled guilty, or who represented you on a prior violation in this case: _____

I understand that I may be ordered by the Court to reimburse the County in part or in whole for the Public Defender Services if the Court does appoint a Public Defender for me.

Under the pains and penalties for perjury, I hereby solemnly swear, or affirm, that the information above is true and correct to the best of my knowledge, information and belief.

Date: _____ **Signature:** _____