

One Hamilton County Square  
Noblesville, Indiana 46060

HAMILTON COUNTY SUPERIOR/CIRCUIT COURT  
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.  
Failure to answer every question may result in a DENIAL of your request*

Name \_\_\_\_\_ Age \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number (last four numbers only) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Currently in jail?  Yes  No

**Occupation** \_\_\_\_\_ **Current Employer** \_\_\_\_\_

Time with current employer \_\_\_\_\_ How often are you paid? \_\_\_\_\_

Pay BEFORE DEDUCTIONS \$ \_\_\_\_\_ Pay AFTER DEDUCTIONS \$ \_\_\_\_\_

If you are unemployed, how long have you been unemployed? \_\_\_\_\_

Why are you unemployed? \_\_\_\_\_

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

If married, what is your spouse's name? \_\_\_\_\_ Spouse's address, if different from yours:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's employer \_\_\_\_\_ How often is your spouse paid \_\_\_\_\_

Spouse Pay BEFORE DEDUCTION \$ \_\_\_\_\_ Spouse Pay AFTER DEDUCTIONS \$ \_\_\_\_\_

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

Why is your spouse unemployed? \_\_\_\_\_

**For BOTH you and your spouse, if married, please list all other sources of income:**

Type	Amount	How often received	Type	Amount	How often received
Unemployment	\$ _____	_____	Severance pay	\$ _____	_____
Disability	\$ _____	_____	Worker's comp.	\$ _____	_____
Child support	\$ _____	_____	Sick pay	\$ _____	_____
Pension	\$ _____	_____	Other	\$ _____	_____

**Is your health good?** \_\_\_\_\_ If not, please explain? \_\_\_\_\_

**If you own real estate, what is its value?** \_\_\_\_\_ Amount owed on it \$ \_\_\_\_\_

Amount of monthly mortgage, if any \$ \_\_\_\_\_

Do you pay rent? \_\_\_\_\_ If yes, total monthly rent \$ \_\_\_\_\_ Amount that you pay \$ \_\_\_\_\_

**Number of dependents** \_\_\_\_\_ Ages \_\_\_\_\_ Do they live with you? \_\_\_\_\_

Do you pay child support? \_\_\_\_\_ If yes, how much do you pay each month \$ \_\_\_\_\_

Child support arrears you owe, if any \$ \_\_\_\_\_

**Monthly household expenses that YOU pay (utilities, food, insurance, etc.):**      **Monthly amount:**  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Please list any other adults that live with you by name, relationship, and monthly bring-home pay:**

\_\_\_\_\_

**Please list all vehicles, such as car, 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 \$ \_\_\_\_\_

**List all debts that you owe over \$500:**      **Amount owed**  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Please list all bank accounts in you name individually or jointly with somebody else:**

Type of account \_\_\_\_\_ Amount in account: \$ \_\_\_\_\_

Type of account \_\_\_\_\_ Amount in account: \$ \_\_\_\_\_

**If you posted a bond, what or who was the source of the money?** \_\_\_\_\_

If you have another case pending under a different cause number, please list the attorney who is representing you on the other case: \_\_\_\_\_

If you are charged with a violation of probation, who was the attorney who represented you on this case when you were convicted or when you had a previous violation? \_\_\_\_\_

**I understand that the Court may order me to reimburse the County in part or in whole for the public defender services. 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:** \_\_\_\_\_ **Your Signature:** \_\_\_\_\_

**It is your responsibility to submit the completed form in person, by mail, or by e-filing to the appropriate Court. The first five characters of your cause number indicates which Court has your case:**

- 29C01-Circuit Court, 1 Hamilton County Square, Suite 337, Noblesville, IN 46060
- 29D01-Superior Court 1, 1 Hamilton County Square, Suite 345, Noblesville, IN 46060
- 29D02-Superior Court 2, 1 Hamilton County Square, Suite 384, Noblesville, IN 46060
- 29D03-Superior Court 3, 1 Hamilton County Square, Suite 311, Noblesville, IN 46060
- 29D04-Superior Court 4, 1 Hamilton County Square, Suite 292, Noblesville, IN 46060
- 29D05-Superior Court 5, 1 Hamilton County Square, Suite 297, Noblesville, IN 46060
- 29D06-Superior Court 6, 1 Hamilton County Square, Suite 215, Noblesville, IN 46060