

AFFIDAVIT OF INDIGENCE

Personal History

Name: _____

Address: _____ City: _____

State: _____ Telephone No.: _____ Age: _____

Marital Status: Single Married Divorced Separated Widowed

Number of Dependents: _____ Ages of Dependents: _____

Student? _____ Where _____ Full Time Part Time

Employment History

Present Employer: _____ Date of Hire: _____

Address: _____

-or-

Most Recent Employer: _____ Date Terminated: _____

Address: _____ Reason: _____

Income and Expenses (Monthly)

Your Monthly Income (including child support and/or alimony): _____

Your Spouse's Monthly Income: _____

Your Monthly Expenses (rent/mortgage, car payment, utilities, groceries, installment payments, etc.):

Are you on public assistance? _____

Are you requesting this information on behalf of another who has or is offering you money?

I DO HEREBY AFFIRM AND SAY THAT ALL OF THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT AND THAT I AM CONSIDERED TO BE INDIGENT.

_____ Date

_____ Signature