Indigence Form

Defendant's Name _____ **Date** _____ **Citation #** _____
(print)

DOB _____ **Address, City, State, Zip** _____

Special Needs _____ **DL #/ State** ___ **Defendant's Mobile** _____

Agrees to accept text messages ___**Yes** ___**No** **Defendant's Email Address** _____

Size of Family Unit Members of immediate family that you support financially (List name, age & relationship)		
Name:	**Age:**	**Relationship:**

Employer:	**Position:**	**How long:**
Employer Address:		**Employer Phone Number:**

Monthly Income		**Necessary Mo. Living Expenses**		**Nonexempt Assets**	
Your Salary		Rent		Cash on Hand (self and spouse):	
Spouse's Salary		Mortgage		Amount in savings account	
SSI/SSDI		Utilities (gas, electric, etc.)		Amount in checking account	
TANF		Day Care / Child Care		Any financial institutions where cash is held	
Child Support		Transportation/Car Pymt		Value of Real Property (land):	
Social Security Check		Make: Model: Year:		Value of stocks, bonds, investments, other assets	
Other Government Check		Medical Expenses		Value of jewelry, electronics, tools, other	
Other Monthly Income		Court-Ordered Monies			
WIC/AFDC/Food Stamps		Child Support			
		Clothes/Food			
TOTAL INCOME		**TOTAL NECESSARY EXPENSES**		**TOTAL ASSETS**	

Contact information (Name, address, telephone number) for two friends or family members:

_____

_____

TOTAL MONTHLY INCOME:	
TOTAL MONTHLY EXPENSES:	-
DIFFERENCE (net income)	=

DEFENDANT MEETS ELIGIBILITY REQUIREMENTS

_____ **YES** _____ **NO**

_____ **UNDETERMINED**

I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation. I understand all information is subject to verification and that falsification of this information is a criminal offense.

_____ _____

Signature of Defendant *Date*

Revised 5.25.2023