

# FINANCIAL AFFIDAVIT

CJA 23  
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES 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

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  Other (Specify) \_\_\_\_\_

DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

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

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self Employed												
	Name and address of employer: _____ <b>IF YES</b> , how much do you earn per month? \$ _____ <b>IF NO</b> , give month and year of last employment How much did you earn per month? \$ _____												
<b>ASSETS</b>	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____												
	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												
<b>OTHER INCOME</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;"></th> <th style="width: 30%; text-align: center;">RECEIVED</th> <th style="width: 30%; text-align: center;">SOURCES</th> </tr> <tr> <td><b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> <td>_____</td> </tr> </table>		RECEIVED	SOURCES	<b>IF YES, GIVE THE AMOUNT RECEIVED &amp; IDENTIFY THE SOURCES</b>	_____	_____		_____	_____		_____	_____
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	_____	_____											
	_____	_____											
<b>CASH</b>	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , state total amount \$ _____												
<b>PROPERTY</b>	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												
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<b>OBLIGATIONS &amp; DEBTS</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><b>DEPENDENTS</b></td> <td style="width: 20%;">                     MARITAL STATUS  <input type="checkbox"/> SINGLE  <input type="checkbox"/> MARRIED  <input type="checkbox"/> WIDOWED  <input type="checkbox"/> SEPARATED OR DIVORCED                 </td> <td style="width: 10%; text-align: center;">                     Total No. of Dependents                      _____                 </td> <td style="width: 30%;">                     List persons you actually support and your relationship to them                      _____                      _____                      _____                 </td> </tr> </table>	<b>DEPENDENTS</b>	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 _____ _____ _____															
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I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED) ▶ \_\_\_\_\_