

STATE OF ARKANSAS

PLAINTIFF

V.

CASE No. _____

DEFENDANT

AFFIDAVIT OF INDIGENCY

_____, the defendant in the above-captioned proceeding, being first duly sworn on oath, deposes and states:

A. PUBLIC DEFENDER INFORMATION

I have been evaluated by the office of the state public defender: ()Yes ()No
If yes, I have been found: ()Eligible ()Ineligible ()Partially Eligible

B. PERSONAL INFORMATION

Date of Birth: _____
Marital Status: ()Single ()Married ()Separated ()Divorced
Children and Ages: _____, _____, _____
Do these children live in the home? ()Yes ()No
Do any other persons live in your home? ()Yes ()No
If yes, explain: _____

C. EMPLOYMENT INFORMATION

Current Employer: _____
Address and Telephone of Employer: _____
Supervisor: _____ Net or take home pay: \$ _____ per: _____

If married and not separated:

Spouse's Employer: _____
Address and Telephone of Employer: _____
Supervisor: _____ Net or take home pay: \$ _____ per: _____

D. ASSETS (Include assets of spouse if married and not separated)

Cash: \$ _____ Stocks/Bonds: \$ _____
Savings: \$ _____ Cash Value Life Insurance: \$ _____
Checking: \$ _____ Other: \$ _____

E. NON-LIQUID ASSETS (Equity = value - money owed) (Include assets of spouse if married and not separated)

Real Estate (house): \$ _____
Vehicles (car, truck, cycle): \$ _____
Other: \$ _____

**F. LIABILITIES (Money owed, including that of your spouse if married and not separated)
(Include source, reason, amount and monthly payment)**

SOURCE	REASON	TOTAL AMOUNT	MONTHLY PAYMENT
1. _____			
2. _____			
3. _____			

G. AVERAGE MONTHLY BUDGET

House (rent, mortgage):	\$ _____	Utilities:	\$ _____
Food:	\$ _____	Health/Vehicle Insurance:	\$ _____
Transportation:	\$ _____	Child Support:	\$ _____
Day Care:	\$ _____	Recurring Prescription Drugs:	\$ _____
Recurring Medical:	\$ _____	Court Proceeding:	\$ _____
Educational:	\$ _____		

H. FAILED ATTEMPTS TO SECURE LEGAL COUNSEL

(List names and addresses of attorneys whom you have consulted)

I swear that the above statements are true and correct to the best of my knowledge and recollection; that I have not sold or disposed of any assets for less than their fair market value prior to the commencement of the above-captioned proceeding in order to obtain appointed counsel; and that I understand that furnishing false information under oath may subject me to a criminal prosecution, with a possible punishment of up to 6 years in the Arkansas Department of Corrections and a fine of up to \$10,000. Further, I state that any change in my financial condition will be reported to both this Court and appointed counsel immediately.

In exchange for legal representation provided by the State, I, _____, agree to pay the amount ordered by the Court, both upon the initial Appointment of an Attorney (user fee) and for any amount ordered by the Court after the case has concluded (attorney fee).

Your state income tax refund, legal settlements or favorable verdicts, lottery winnings, or any moneys or property forfeited by the State may be intercepted to satisfy this debt under Ark. Code Ann. § 16-87-217.

Defendant

Subscribed and sworn to before me this ____ day of _____, 20__.

State of Arkansas Notary Public

My commission expires: _____

JUDGE

DATE