CJA 23
Rev. 5/98

FINANCIAL AFFIDAVIT

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 _____ V.S. _____

FOR _____

AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

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

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

DOCKET NUMBERS
Magistrate
District Court
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT

Are you now employed? ☐ Yes ☐ No ☐ Am Self-Employed

Name and address of employer: _____

IF YES, how much do you earn per month? $ _____

IF NO, give month and year of last employment _____
How much did you earn per month? $ _____

If married is your Spouse employed? ☐ Yes ☐ No

IF YES, how much does your Spouse earn per month? $ _____

If a minor under age 21, what is your Parents or Guardian's approximate monthly income? $ _____

ASSETS

OTHER 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? ☐ Yes ☐ No

	RECEIVED	SOURCES
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	$	
	$	
	$	

CASH

Have you any cash on hand or money in savings or checking accounts? ☐ Yes ☐ No **IF YES**, state total amount $ _____

PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☐ No

	VALUE	DESCRIPTION
IF YES, GIVE THE VALUE AND DESCRIBE IT	$	
	$	
	$	
	$	

OBLIGATIONS & DEBTS

DEPENDENTS

MARITAL STATUS
☐ SINGLE
☐ MARRIED
☐ WIDOWED
☐ SEPARATED OR DIVORCED

Total No. of Dependents _____

List persons you actually support and your relationship to them

DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT OR HOME:	Creditors	Total Debt	Monthly Paymt.
		$	$
		$	$
		$	$
		$	$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) _____