



FINANCIAL QUESTIONNAIRE TO ESTABLISH INDIGENCY - MUNICIPAL COURTS



PART I - GENERAL INFORMATION

APPLICATION BY: DEFENDANT PARENT OR GUARDIAN IF DEFENDANT IS UNDER 18 OR INCOMPETENT

FOR: INDIGENT DEFENSE SERVICES* INSTALLMENT PAYMENT OF FINES / PENALTIES

NOTE: IF YOU ARE APPLYING FOR INDIGENT DEFENSE SERVICES, YOU MAY BE CHARGED WITH AN APPLICATION FEE.

ARE YOU RECEIVING WELFARE OR PARTICIPATING IN ANOTHER GOVERNMENT BASED INCOME MAINTENANCE PROGRAM? Yes No | ARE YOU ONLY COMPLETING THIS FORM FOR INSTALLMENT PAYMENTS OF YOUR FINE? Yes No | ARE YOU ONLY CHARGED WITH TRAFFIC OR PARKING OFFENSES? Yes No

IF YOU ANSWERED "YES" TO ALL OF THE ABOVE 3 QUESTIONS, GO TO PART VI AND COMPLETE CERTIFICATION.

COMPLAINT NUMBER(S) _____ NUMBER OF CO-DEFENDANTS _____

CHARGES :

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ EYE COLOR _____ Male Female DATE OF BIRTH ____/____/____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER _____ STATE _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER (____) _____ HOW LONG AT THE ABOVE ADDRESS? _____

MARITAL STATUS: Married Single Widowed Separated Divorced | NUMBER OF THOSE YOU SUPPORT (Children or other family members) _____ | WHICH INCOME TAX RETURNS DID YOU FILE LAST YEAR? Federal State None

HAVE YOU POSTED BAIL FOR THIS CHARGE? Yes No | NAME AND ADDRESS OF BAIL BOND AGENCY OR PERSON WHO POSTED BAIL _____ AMOUNT POSTED \$ _____

PART II - EMPLOYMENT HISTORY

ARE YOU NOW EMPLOYED? Yes No | IF YES, LENGTH OF EMPLOYMENT _____ | CURRENT EMPLOYER, IF EMPLOYED; IF UNEMPLOYED, LAST EMPLOYER AND DATE LAST EMPLOYED _____

EMPLOYER'S ADDRESS: _____ PHONE NUMBER (____) _____ POSITION HELD _____

PART III - INCOME AND ASSETS (include all assets you own by yourself or with someone else)

GROSS WAGES (before all deductions for taxes, etc.) \$ _____ PER Week 2 Weeks Month | OTHER INCOME RECEIVED MONTHLY (for example: welfare, social security, unemployment compensation, worker's comp, disability pension) \$ _____

DO YOU RECEIVE ALIMONY OR CHILD SUPPORT? Yes No | BY COURT ORDER? Yes No | AMOUNT RECEIVED MONTHLY \$ _____

DOES ANYONE CONTRIBUTE TO THE PAYMENT OF YOUR EXPENSES? Yes No | IF YES, WHO? _____ | TOTAL AMOUNT CONTRIBUTED MONTHLY \$ _____ | MONTHLY INCOME - ALL SOURCES \$ _____

CHECKING ACCOUNT: BANK _____ ACCOUNT NUMBER _____ BALANCE \$ _____

SAVINGS ACCOUNT: BANK _____ ACCOUNT NUMBER _____ BALANCE \$ _____

OTHER CASH AVAILABLE _____ AMOUNT \$ _____

REAL ESTATE OWNED? Yes No | ADDRESS _____ ADDRESS _____ CURRENT VALUE \$ _____

VEHICLE/VESSEL Auto Truck Motorcycle Moped Boat | YEAR _____ MAKE _____ MODEL _____ CURRENT VALUE \$ _____

OTHER PERSONAL PROPERTY? Yes No | ITEM _____ CURRENT VALUE \$ _____

TOTAL ASSETS \$ _____

(OVER)

PART IV - EXPENSES AND LIABILITIES

DO YOU HAVE A MORTGAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PAY RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU LIVE IN A HALFWAY HOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MONTHLY PAYMENT \$	BALANCE OWED \$
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE CREDIT CARD BALANCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			CREDIT LIMIT \$	TOTAL MONTHLY PAYMENT \$
DO YOU OWE COURT FINES / PENALTIES / COSTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTHLY AMOUNT \$	LIVING EXPENSES OWED \$
DO YOU OWE MONEY FOR ATTORNEY FEES? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
TOTAL LIABILITIES			TOTAL MONTHLY PAYMENT \$	TOTAL LIABILITIES \$
TOTAL NET WORTH		TOTAL ASSETS \$	-	TOTAL LIABILITIES \$
			=	TOTAL NET WORTH \$

PART V - ATTORNEY INFORMATION

CAN YOU AFFORD TO PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MUCH? \$	CAN PARENTS, GUARDIANS, RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF ATTORNEY		ADDRESS	PHONE NUMBER
WHO PAID FOR ATTORNEY?		AMOUNT PAID \$	

PART VI - AUTHORIZATION

I AUTHORIZE THE COURT OR THE ADMINISTRATIVE OFFICE OF THE COURTS TO CONDUCT SUCH INVESTIGATION AS MAY BE NECESSARY TO VERIFY MY FINANCIAL STATUS, WHICH MAY INCLUDE BUT MAY NOT BE LIMITED TO A REVIEW OF MY CREDIT HISTORY, STATE AND/OR FEDERAL INCOME TAX RETURNS, WAGE RECORDS, BANK ACCOUNTS AND OTHER FINANCIAL INSTITUTION RECORDS.

SIGNATURE	DATE	WITNESS, NAME AND POSITION	DATE
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PART VII - CERTIFICATION PURSUANT TO NEW JERSEY COURT RULE 1:4-4(b)

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE AND UNDERSTAND THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

SIGNATURE	DATE
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FOR COURT USE ONLY

COUNSEL ASSIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION FEE <input type="checkbox"/> ASSESSED \$ _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> PARTIAL PAYMENT SCHEDULE _____
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COUNSEL DENIED - REASONS

APPROVED BY JUDGE <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	DATE	  Please notify the court if you have a disability and will require assistance.
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