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?	ARE YOU ONLY COMPLETING THIS FORM FOR INSTALLMENT PAYMENTS OF YOUR FINE?	ARE YOU ONLY CHARGED WITH TRAFFIC OR PARKING OFFENSES?
☐ Yes ☐ No	☐ Yes ☐ No	☐ 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 Describe	ADDRESS Describe	CURRENT VALUE $

VEHICLE / VESSEL ☐ Auto ☐ Truck ☐ Motorcycle ☐ Moped ☐ Boat	YEAR	MAKE	MODEL	CURRENT VALUE $

OTHER PERSONAL PROPERTY? ☐ Yes ☐ No	ITEM Describe	CURRENT VALUE $

TOTAL ASSETS $

(OVER)

PART IV - EXPENSES AND LIABILITIES

DO YOU HAVE A MORTGAGE? ☐ Yes ☐ No / DO YOU PAY RENT? ☐ Yes ☐ No	DO YOU LIVE IN A HALFWAY HOUSE? ☐ Yes ☐ No		MONTHLY PAYMENT $	BALANCE OWED $
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)?	☐ Yes ☐ No		TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES?	☐ Yes ☐ No		TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER?	☐ Yes ☐ No		TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
DO YOU OWE CREDIT CARD BALANCES?	☐ Yes ☐ No	CREDIT LIMIT $	TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
DO YOU OWE COURT FINES / PENALTIES / COSTS?	☐ Yes ☐ No		TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY?	☐ Yes ☐ No		TOTAL MONTHLY PAYMENT $	TOTAL BALANCE OWED $
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)?	☐ Yes ☐ No		MONTHLY AMOUNT $	LIVING EXPENSES OWED $
DO YOU OWE MONEY FOR ATTORNEY FEES?	☐ Yes ☐ 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? ☐ Yes ☐ No	IF YES, HOW MUCH? $	CAN PARENTS, GUARDIANS, RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? ☐ Yes ☐ No	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? ☐ Yes ☐ 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

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 WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

SIGNATURE	DATE

FOR COURT USE ONLY

COUNSEL ASSIGNED ☐ Yes ☐ No	APPLICATION FEE ☐ ASSESSED $ _____ ☐ WAIVED ☐ PARITAL PAYMENT SCHEDULE _____
COUNSEL DENIED - REASONS	

APPROVED BY JUDGE ☐ Yes ☐ No	SIGNATURE	DATE	Please notify the court if you have a disability and will require assistance.

NOTES: