

STATE OF INDIANA)
)ss:
COUNTY OF BROWN)

STATE OF INDIANA)
)
 v.)
)
_____)

IN THE BROWN COUNT CIRCUIT COURT
CAUSE NUMBER: 07C01-_____

PAUPER ATTORNEY AFFIDAVIT

Name: _____ Phone: _____ Date: _____

Address: _____

Do any dependents live there with you? Yes No If yes, how many dependents live with you: _____

Employer Name & Address: _____

Where and when did you last work? _____

If unemployed, how long have you been unemployed and why? _____

INCOME: Annual: _____ Monthly/Weekly: _____ Hourly Rate (if applicable): _____

Married: Yes No Co-Habitation with Significant Other: Yes No

Spouse/Significant Other Employer: _____ Spouse/Significant Other Income _____

Do you or your wife/significant other have any source of income: Yes No

Do you own your home? Yes No Home Value: _____ Loan/Mortgage Balance: _____

Do you own other real estate other than your home? Yes No

Real Estate Value: _____ Loan/Mortgage Balance: _____

Real Estate Location/Address: _____

Are you currently renting? Yes No How much do you pay in rent? _____

List make, model, year, and value of the all vehicles you own; include any balance owed and monthly payment (use back of sheet if needed):

What is the value of your personal assets/property (include furniture, tools, recreational equipment, firearms, jewelry, appliances, etc.)?

What is the value of your other assets (include stocks, bonds, securities, etc.)?

Other payments: Credit Cards Child Support Other

List any delinquent payments you have: _____

List any other information that would assist the Court:

I SWEAR OR AFFIRM UNDER THE PENALTIES FOR PERJURY (I.C. 35-44-2-1) THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.

Defendant's Signature

If additional space is needed, please use the back of this form.