



FINANCIAL QUESTIONNAIRE TO ESTABLISH INDIGENCY - MUNICIPAL COURTS



PART I GENERAL INFORMATION

APPLICATION BY: DEFENDANT PARENT OR GUARDIAN (IF DEFENDANT IS UNDER 18)
 FOR: ASSIGNMENT OF COUNSEL PAYMENT OF FINES / PENALTIES IN INSTALLMENTS OTHER _____

COMPLAINT NUMBER(S) _____ CHARGES _____

CHARGES (continued) _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ SEX Male Female
 DATE OF BIRTH _____ / _____ / _____

SOCIAL SECURITY NUMBER _____ DRIVERS LICENSE NUMBER _____ STATE _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____
 HOME PHONE NUMBER () - _____ HOW LONG AT THE ABOVE ADDRESS? _____

EMERGENCY CONTACT - NAME _____ RELATIONSHIP _____ PHONE NUMBER () - _____

MARITAL STATUS Married Single Widowed Separated Divorced
 NUMBER OF THOSE YOU SUPPORT (Children or other family members) _____

ARE YOU ON BAIL FOR THIS CHARGE? Yes No
 NAME AND ADDRESS OF SURETY _____ AMOUNT \$ _____

PART II EMPLOYMENT HISTORY

ARE YOU NOW EMPLOYED? Yes No
 IF YES, LENGTH OF EMPLOYMENT _____ CURRENT EMPLOYER, IF EMPLOYED: IF UNEMPLOYED, LAST EMPLOYER _____

EMPLOYER'S ADDRESS _____ PHONE NUMBER () - _____ POSITION HELD _____

PART III ASSETS (include all jointly owned assets)

GROSS WAGES \$ _____ PER (check one) Week 2 Weeks Month
 OTHER INCOME \$ _____ SOURCE (welfare, workman's comp., social security) _____

WAS LAST YEAR'S INCOME TAX RETURN FILED? State Federal
 RECEIVES ALIMONY OR CHILD SUPPORT Yes No
 BY COURT ORDER Yes No AMOUNT \$ _____

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

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

REAL ESTATE OWNED? Yes No ADDRESS _____ EQUITY \$ _____ PRESENT VALUE \$ _____
 describe _____

PERSONAL PROPERTY? Yes No ITEM _____ PRESENT VALUE \$ _____
 describe _____

PERSONAL PROPERTY? Yes No ITEM _____ PRESENT VALUE \$ _____
 describe _____

VEHICLE Auto Truck Motorcycle YEAR _____ MAKE _____ MODEL _____ PRESENT VALUE \$ _____

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 \$ _____

OUTSTANDING LOAN? Yes No NATURE OF THE LOAN _____ MONTHLY PAYMENT \$ _____ BALANCE OWED \$ _____

TOTAL ASSETS: \$ _____

(OVER)

OUTSTANDING LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	NATURE OF THE LOAN		MONTHLY PAYMENT \$	BALANCE OWED \$
MONEY OWED FOR ATTORNEY FEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF ATTORNEY		MONTHLY PAYMENT \$	BALANCE OWED \$
INSURANCE OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY		MONTHLY PAYMENT \$	BALANCE OWED \$
MEDICAL EXPENSES - DOCTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOCTOR'S NAME		MONTHLY PAYMENT \$	BALANCE OWED \$
MEDICAL EXPENSES - HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL NAME		MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME	MONTHLY PAYMENT \$	BALANCE OWED \$
UTILITIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY		MONTHLY PAYMENT \$	BALANCE OWED \$
CHILD SUPPORT / ALIMONY PAYMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTHLY PAYMENT \$	BALANCE OWED \$
OTHER EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE		MONTHLY PAYMENT \$	BALANCE OWED \$
SUBSISTENCE (FOOD, CLOTHING, TRANSP.) <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE		MONTHLY PAYMENT \$	SUBSISTENCE EXPENSES \$
DOES ANYONE CONTRIBUTE TO THE PAYMENT OF THESE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHO?	TOTAL AMOUNT CONTRIBUTED \$	TOTAL MONTHLY PAYMENT \$	TOTAL LIABILITIES \$

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 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 PRIVATE ATTORNEY		ADDRESS	PHONE NUMBER
WHO PAID FOR PRIVATE ATTORNEY?	AMOUNT OF RETAINER PAID \$	TOTAL ASSETS \$	TOTAL LIABILITIES \$
		-	= \$

PART VI 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 SUCH STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT. 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, BANK ACCOUNTS AND OTHER FINANCIAL INSTITUTION RECORDS.

SIGNATURE	DATE	WITNESS, NAME AND POSITION	DATE
COUNSEL ASSIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION FEE <input type="checkbox"/> ASSESSED \$ _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> PARITAL PAYMENT SCHEDULE _____		
COUNSEL DENIED - REASONS			
APPROVED BY JUDGE	DATE	 The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.	

NOTES: