



## 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 \$ \_\_\_\_\_

PERSONAL PROPERTY?  Yes  No ITEM \_\_\_\_\_ PRESENT VALUE \$ \_\_\_\_\_

PERSONAL PROPERTY?  Yes  No ITEM \_\_\_\_\_ PRESENT VALUE \$ \_\_\_\_\_

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

### PART IV EXPENSES AND LIABILITIES

TOTAL ASSETS: \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

(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:			