

STATE OF INDIANA)
)
 COUNTY OF PORTER)

SS:

IN THE PORTER SUPERIOR COURT
 DIVISION 4
 VALPARAISO, INDIANA

STATE OF INDIANA)
 Plaintiff,)
)
 vs.)
)
)
)
)
 Defendant.)

64D04

**AFFIDAVIT ACCOMPANYING DEFENDANT'S REQUEST
 FOR A PUBLIC DEFENDER**

To the Defendant:

1. You must fill in this form prior to the Court considering your request.
2. You must follow the directions on the form.
3. The Form must be filled in completely.
4. **This Form is filled in UNDER OATH AND UNDER THE PENALTIES FOR PERJURY!**
5. If this is an updated form (You have already been given a Public Defender) And the Court has asked for new information, complete the form again. You are under a continuing duty to advise the Court of any change in income status!!

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months.		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ _____	\$ _____	\$ _____	\$ _____
Self-employment.....	\$ _____	\$ _____	\$ _____	\$ _____
Income from real property (Such as rental income).....	\$ _____	\$ _____	\$ _____	\$ _____
Interest and dividends.....	\$ _____	\$ _____	\$ _____	\$ _____
Gifts.....	\$ _____	\$ _____	\$ _____	\$ _____
Alimony.....	\$ _____	\$ _____	\$ _____	\$ _____
Child Support.....	\$ _____	\$ _____	\$ _____	\$ _____
Retirement (such as social security, annuities, insurance)....	\$ _____	\$ _____	\$ _____	\$ _____
Disability (such as social security, insurance payments)....	\$ _____	\$ _____	\$ _____	\$ _____
Unemployment payments.....	\$ _____	\$ _____	\$ _____	\$ _____
Public-assistance (such as welfare).....	\$ _____	\$ _____	\$ _____	\$ _____
Other(specify):	\$ _____	\$ _____	\$ _____	\$ _____
Total Monthly Income:.....	\$ _____	\$ _____	\$ _____	\$ _____

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or deductions.)

Employer	Address	Date of Employment	Gross monthly pay
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ _____
Below, state and money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
_____	_____	_____	_____
_____	_____	_____	_____

5. List the assts, and their values, which you own or your spouse owns. Do no list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor Vehicle #1 (Value)
_____	_____	Make & Year: _____
_____	_____	Model: _____
_____	_____	Registration # _____
Motor Vehicle #2	Other assets	Other assets (Value)
Make & Year: _____	_____	_____
Model: _____	_____	_____
Registration # _____	_____	_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ _____	\$ _____
Are real estate taxes included? [] Yes [] No		
Is property insurance included? [] Yes [] No		
Utilities (electricity, heating fuel, water sewer, and telephone).....	\$ _____	\$ _____
Home maintenance (repairs and upkeep).....	\$ _____	\$ _____
Food.....	\$ _____	\$ _____
Clothing.....	\$ _____	\$ _____
Laundry and dry-cleaning.....	\$ _____	\$ _____
Medical and dental expenses.....	\$ _____	\$ _____
Transportation (not including motor vehicle expenses).....	\$ _____	\$ _____
Recreation, entertainment, newspapers, magazines, etc.....	\$ _____	\$ _____
Insurance (not deducted from wages or included in mortgage payments).....	\$ _____	\$ _____

Life.....\$ _____ \$ _____
 Health.....\$ _____ \$ _____
 Motor Vehicle.....\$ _____ \$ _____
 Other:.....\$ _____ \$ _____

Taxes (not deducted from wages or included in mortgage payments).....\$ _____ \$ _____
 (Specify):

Installment payments\$ _____ \$ _____
 Motor vehicles.....\$ _____ \$ _____
 Credit card (name):.....\$ _____ \$ _____
 Department store (name):.....\$ _____ \$ _____
 Other:.....\$ _____ \$ _____

Alimony, maintenance, and support paid to others.....\$ _____ \$ _____

Regular expenses for operation of business, profession, or farm.....\$ _____ \$ _____
 (Attach detail)

Other (specify):.....\$ _____ \$ _____

Total monthly expenses:.....\$ _____ \$ _____

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 3 - 6 months.

Yes No If yes, describe on an attached sheet.

10. Have you paid-or will you be paying-an attorney any money for services with this case, including the completion of this form?

Yes No If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid-or will you be paying-anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including of this form?

Yes No If yes, how much? \$ _____

12. Provide any other information that will help explain why you cannot pay an attorney.

13. State the address of your legal residence.

