



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? Yes No | ARE YOU ONLY COMPLETING THIS FORM FOR INSTALLMENT PAYMENTS OF YOUR FINE? Yes No | ARE YOU ONLY CHARGED WITH TRAFFIC OR PARKING OFFENSES? 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	<input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				NUMBER OF THOSE YOU SUPPORT (Children or other family members)		WHICH INCOME TAX RETURNS DID YOU FILE LAST YEAR? <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None	
HAVE YOU POSTED BAIL FOR THIS CHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME AND ADDRESS OF BAIL BOND AGENCY OR PERSON WHO POSTED BAIL			AMOUNT POSTED \$		

PART II - EMPLOYMENT HISTORY

ARE YOU NOW EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month	OTHER INCOME RECEIVED MONTHLY (for example: welfare, social security, unemployment compensation, worker's comp, disability pension) \$		
DO YOU RECEIVE ALIMONY OR CHILD SUPPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No		BY COURT ORDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT RECEIVED MONTHLY \$		
DOES ANYONE CONTRIBUTE TO THE PAYMENT OF YOUR EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADDRESS Describe	ADDRESS Describe	CURRENT VALUE \$	
VEHICLE / VESSEL <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Boat		YEAR	MAKE	MODEL	CURRENT VALUE \$
OTHER PERSONAL PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No		ITEM Describe			CURRENT VALUE \$
				TOTAL ASSETS \$	

(OVER)

PART IV - EXPENSES AND LIABILITIES

DO YOU HAVE A MORTGAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PAY RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU LIVE IN A HALFWAY HOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MONTHLY PAYMENT \$	BALANCE OWED \$
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE CREDIT CARD BALANCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			CREDIT LIMIT \$	TOTAL MONTHLY PAYMENT \$
DO YOU OWE COURT FINES / PENALTIES / COSTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTHLY AMOUNT \$	LIVING EXPENSES OWED \$
DO YOU OWE MONEY FOR ATTORNEY FEES? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MUCH? \$	CAN PARENTS, GUARDIANS, 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 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
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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
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FOR COURT USE ONLY			
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	DATE	  Please notify the court if you have a disability and will require assistance.
NOTES:			