

CJA 23  
**FINANCIAL AFFIDAVIT**  
 Rev. 5/98 IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE \_\_\_\_\_ V.S. \_\_\_\_\_

FOR \_\_\_\_\_

AT \_\_\_\_\_

LOCATION NUMBER \_\_\_\_\_

PERSON REPRESENTED (Show your full name) \_\_\_\_\_

CHARGE/OFFENSE (describe if applicable & check box →)  Felony  Misdemeanor

1 Defendant—Adult  
 2 Defendant - Juvenile  
 3 Appellant  
 4 Probation Violator  
 5 Parole Violator  
 6 Habeas Petitioner  
 7 2255 Petitioner  
 8 Material Witness  
 9 Other \_\_\_\_\_

DOCKET NUMBERS  
 Magistrate  
 District Court  
 Court of Appeals

**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

**EMPLOYMENT**

Are you now employed? Yes No Am Self-Employed

Name and address of employer: \_\_\_\_\_

IF YES, how much do you earn per month? \$ \_\_\_\_\_ IF NO, give month and year of last employment \_\_\_\_\_

How much did you earn per month? \$ \_\_\_\_\_

If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ \_\_\_\_\_ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ \_\_\_\_\_

**ASSETS**

**OTHER INCOME**

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED SOURCES

IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES

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

**CASH**

Have you any cash on hand or money in savings or checking accounts? Yes No IF YES, state total amount \$ \_\_\_\_\_

**PROPERTY**

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

IF YES, GIVE THE VALUE AND \$ DESCRIBE IT

VALUE DESCRIPTION

**DEPENDENTS**

MARITAL STATUS

SINGLE  
 MARRIED  
 WIDOWED  
 SEPARATED OR DIVORCED

Total No. of Dependents \_\_\_\_\_

List persons you actually support and your relationship to them

**OBLIGATIONS & DEBTS**

**DEBTS & MONTHLY BILLS**

(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)

APARTMENT OR HOME: \_\_\_\_\_ Creditors

Total Debt Monthly Paymt.

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

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

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

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) \_\_\_\_\_

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) \_\_\_\_\_