



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	☐ Male ☐ 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 ☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced		NUMBER OF THOSE YOU SUPPORT (Children or other family members)		WHICH INCOME TAX RETURNS DID YOU FILE LAST YEAR? ☐ Federal ☐ State ☐ None			
HAVE YOU POSTED BAIL FOR THIS CHARGE? ☐ Yes ☐ No		NAME AND ADDRESS OF BAIL BOND AGENCY OR PERSON WHO POSTED BAIL				AMOUNT POSTED \$	

PART II - EMPLOYMENT HISTORY

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

(OVER)

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 \$		
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)? ☐ Yes ☐ No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$		
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES? ☐ Yes ☐ No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$		
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER? ☐ Yes ☐ No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$		
DO YOU OWE CREDIT CARD BALANCES? ☐ Yes ☐ No			CREDIT LIMIT \$	TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$	
DO YOU OWE COURT FINES / PENALTIES / COSTS? ☐ Yes ☐ No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$		
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY? ☐ Yes ☐ No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$		
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)? ☐ Yes ☐ No			MONTHLY AMOUNT \$	LIVING EXPENSES OWED \$		
DO YOU OWE MONEY FOR ATTORNEY FEES? ☐ Yes ☐ 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? ☐ Yes ☐ No	IF YES, HOW MUCH? \$	CAN PARENTS, GUARDIANS, RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? ☐ Yes ☐ No	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? ☐ Yes ☐ 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
-----------	------	----------------------------	------

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
-----------	------

FOR COURT USE ONLY

COUNSEL ASSIGNED ☐ Yes ☐ No	APPLICATION FEE ☐ ASSESSED \$ ☐ WAIVED ☐ PARITAL PAYMENT SCHEDULE		
COUNSEL DENIED - REASONS			
APPROVED BY JUDGE ☐ Yes ☐ No	SIGNATURE	DATE	  Please notify the court if you have a disability and will require assistance.

NOTES: