



**FINANCIAL STATEMENT, AFFIDAVIT OF  
INDIGENCY, REQUEST FOR COUNSEL AND  
ORDER (CRIMINAL CASES)**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_  
Charges: \_\_\_\_\_

**FINANCIAL STATEMENT:**

1. Income:

Employed?  Yes  No  
If Yes:  Full-time  Part-time  Temporary/Seasonal Length of Employment: \_\_\_\_\_  
Income from Employment:  
 monthly  biweekly  hourly \$ \_\_\_\_\_  
If No, date last employed: \_\_\_\_\_  
Married?  Yes  No If Yes, Spouse Employed?  Yes  No  
If Yes, Spouse's Income from Employment:  monthly  biweekly  hourly \$ \_\_\_\_\_  
Total Income from ALL other source(s) and amount received per month:  
 Welfare: \$ \_\_\_\_\_  Food Stamps: \$ \_\_\_\_\_  Social Security/Disability: \$ \_\_\_\_\_  
 Worker's Comp: \$ \_\_\_\_\_  Unemployment: \$ \_\_\_\_\_  Retirement: \$ \_\_\_\_\_  
 Child Support/Maintenance: \$ \_\_\_\_\_  Stocks, Trusts, Bonds: \$ \_\_\_\_\_  
 Child Care Assistance: \$ \_\_\_\_\_  Other : \_\_\_\_\_  
Total Income from ALL other source(s): \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME:** \$ \_\_\_\_\_

2. Property:

Own Real Estate?  Yes  No  
If Yes, Value of Real Estate: \$ \_\_\_\_\_ Amount owed : \$ \_\_\_\_\_  
Own Mobile Home?  Yes  No  
If Yes, Value of Mobile Home: \$ \_\_\_\_\_ Amount owed : \$ \_\_\_\_\_  
Own Personal Property:  
Motor Vehicles in Operable Condition (including motor cycles, riding lawn mowers, ATVs, etc.):  
Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
Make/Model Year: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
Bank Accounts:  Yes  No  
If Yes, total balance of all accounts: \$ \_\_\_\_\_  
Other Asset(s) (i.e., boat, jewelry, cash)  
Asset type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_  
Asset type: \_\_\_\_\_ Value: \$ \_\_\_\_\_ Amount owed: \$ \_\_\_\_\_

3. Dependents:  Yes  No  
If Yes, Number of Dependent(s) (including children, elderly, or disabled): \_\_\_\_\_  
Relationship of dependent(s): \_\_\_\_\_ Age(s) of Dependent(s) \_\_\_\_\_

4. Monthly Expenditures:  
Mortgage payment/ Rent:  Yes  No  
If Yes, amount of payment: \$ \_\_\_\_\_  
Child support obligation:  Yes  No  
If Yes, amount of payment: \$ \_\_\_\_\_

Other out-of-pocket monthly bills (FOR HOUSEHOLD):  
 utilities: \$ \_\_\_\_\_  water: \$ \_\_\_\_\_  telephone service (land or cell): \$ \_\_\_\_\_  
 internet service: \$ \_\_\_\_\_  cable/satellite: \$ \_\_\_\_\_  car payment: \$ \_\_\_\_\_  
 credit card payments: \$ \_\_\_\_\_  car / health/home owners/ renters insurance payments: \$ \_\_\_\_\_  
 unreimbursed childcare: \$ \_\_\_\_\_  tuition: \$ \_\_\_\_\_  medical debts: \$ \_\_\_\_\_  
 student loan payments: \$ \_\_\_\_\_  Other Financial Obligations: \$ \_\_\_\_\_  
Total of other out-of-pocket monthly bills: \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENDITURES:** \$ \_\_\_\_\_

5. Cash bond posted:  Yes  No  
If Yes, amount of bond: \$ \_\_\_\_\_  
Posted by (Name of Surety): \_\_\_\_\_

**Request for Appointment of Counsel:** I state to the Court that:

- (1) I am not now represented by an attorney and
- (2) I am without sufficient financial means or assets to afford a private attorney; or
- (3) I have retained or intend to retain private counsel. \_\_\_\_\_  
Name of Counsel

PERJURY WARNING: I understand that making a false statement in the Financial Statement, Affidavit of Indigency, Request for Counsel and Order may subject me to the penalties for perjury as contained in KRS Chapter 523. **The maximum sentence for perjury is five (5) years imprisonment.** I declare under the penalty of perjury that I have read or have had read to me the information contained on this form and that the statements provided here are true, complete and accurate to the best of my personal knowledge.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title of Officer Administering Oath



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INDIGENCY; REQUEST FOR COUNSEL; AND  
ORDER (CRIMINAL CASES)**

Case No. \_\_\_\_\_  
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County \_\_\_\_\_  
Division \_\_\_\_\_

**ORDER**

Based upon the above attested statements, IT IS HEREBY ORDERED:

1. The Affiant, \_\_\_\_\_,  
 is NOT indigent pursuant to KRS Chapter 31 and the Request for Appointment of Counsel is DENIED.  
 is indigent pursuant to KRS Chapter 31 and the Request for Appointment of Counsel is GRANTED. The Court appoints the Department of Public Advocacy to represent the Defendant in the above-styled case.
  
2. A partial fee for representation  
 is NOT assessed.  
 is assessed in the amount of \$ \_\_\_\_\_ to be paid in full no later than the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.  
 may be reserved for a later date.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
District/Circuit (*Circle one*) Division \_\_\_\_\_