F 3.405(J)
Financial Affidavit
For Court-Appointed Attorney

Obligor Name: _____ _____ ___ ___
Last First MI Age

Spouse (if Married): _____ _____ ___ ___
Last First MI Age

Address: _____ (____) _____
Street City State Zip Phone

Emergency Contact:

Name: _____ _____ ___ ___
Last First MI Age

Address: _____ (____) _____
Street City State Zip Phone

INCOME	**EMPLOYMENT:** Are you (check one): ___Employed ___Unemployed ___Self-employed Complete the information below for the past 12 months: EMPLOYER ADDRESS DATES OF EMPLOYMENT (Your)_____ _____ (Spouse)_____ _____ If living with your parents or others to whom you look for support, enter their monthly income: $_____ **OTHER INCOME**: Have you received within the past 12 months any other income, including from a business, rent payments, public assistance, support or other sources? ___ Yes ___No If yes, give the amount received and identify sources: _____ _____	Monthly Income _____ _____ Total $ _____ x 12 Estimated Annual Income: $_____ Other Income $_____ Total Annual Income: $_____
OTHER ASSETS	**CASH:** Have you any available cash or money in savings or checking accounts, certificates of deposit or other funds? ____ Yes ____ No **PROPERTY:** Do you own a home, land or other property? (Do not include any household furnishings or clothing) ____ Yes ____ No A. If yes, approximately how much is it worth? B. How much is still owed on it? C. Net value of property (A - B)	Cash Value $_____ Property Value $_____ $_____ $_____ Total Income, Other Income, Cash and Property
OBLIGATIONS & DEBT	**DEPENDENTS:** Check one: ___Single ___Married ___Widowed ___Separated ___Divorced Total Number of Dependents: ____ List their names, ages, and relationship to you: _____ _____ **Debts/Monthly Bills:** List your expenses for each of the following categories: Rent/House payment Food/Clothing/Medicine Utilities Alimony/Child Support Installment Payments Other Payments Total Monthly Expenses	Monthly Expenses $_____ $_____ $_____ $_____ $_____ $_____ $_____