

CJA 23 (Rev. 11/11) **FINANCIAL AFFIDAVIT**
 IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES DISTRICT COURT COURT OF APPEALS OTHER (Specify below)
 IN THE CASE OF _____

FOR _____
 AT _____

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Supervised Release Violator
- 5 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify) _____

DOCKET NUMBERS
 Magistrate Judge
 District Court
 Court of Appeals

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

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____											
	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 of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">RECEIVED</td> <td style="width: 50%; text-align: center;">SOURCES</td> </tr> <tr> <td>IF YES, give the amount received and identify the sources</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>	RECEIVED	SOURCES	IF YES, give the amount received and identify the sources		\$ _____	_____	\$ _____	_____	\$ _____	_____	
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\$ _____	_____												
\$ _____	_____												
\$ _____	_____												
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ _____												
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">VALUE</td> <td style="width: 50%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td>IF YES, give value and description for each</td> <td></td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>	VALUE	DESCRIPTION	IF YES, give value and description for each		\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
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\$ _____	_____												
\$ _____	_____												

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced	Total No. of Dependents _____	List persons you actually support and your relationship to them _____ _____ _____
	DEBTS & MONTHLY BILLS <i>(Rent, utilities, loans, charge accounts, etc.)</i>	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

I certify under penalty of perjury that the foregoing is true and correct.

 SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) Date