



## 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  2Weeks  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 \_\_\_\_\_ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU PAY RENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU LIVE IN A HALFWAY HOUSE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MONTHLY PAYMENT \$	BALANCE OWED \$
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU OWE CREDIT CARD BALANCES? <input type="checkbox"/> Yes <input type="checkbox"/> No			CREDIT LIMIT \$	TOTAL MONTHLY PAYMENT \$
DO YOU OWE COURT FINES / PENALTIES / COSTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTHLY AMOUNT \$	LIVING EXPENSES OWED \$
DO YOU OWE MONEY FOR ATTORNEY FEES? <input type="checkbox"/> Yes <input type="checkbox"/> No			TOTAL MONTHLY PAYMENT \$	TOTAL BALANCE OWED \$
<b>TOTAL LIABILITIES</b>			<b>TOTAL MONTHLY PAYMENT</b> \$	<b>TOTAL LIABILITIES</b> \$
<b>TOTAL NET WORTH</b>		<b>TOTAL ASSETS</b> \$	<b>-</b>	<b>TOTAL LIABILITIES</b> \$
			<b>=</b>	<b>TOTAL NET WORTH</b> \$

### PART V - ATTORNEY INFORMATION

CAN YOU AFFORD TO PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MUCH? \$	CAN PARENTS, GUARDIANS, RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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### 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
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#### FOR COURT USE ONLY

COUNSEL ASSIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION FEE <input type="checkbox"/> ASSESSED \$ _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> PARTIAL PAYMENT SCHEDULE _____		
COUNSEL DENIED - REASONS			
APPROVED BY JUDGE <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE	DATE	  Please notify the court if you have a disability and will require assistance.
NOTES:			