

STATE OF ARKANSAS

PLAINTIFF

V.

CASE No. \_\_\_\_\_

DEFENDANT

***AFFIDAVIT OF INDIGENCY***

\_\_\_\_\_, the defendant in the above-captioned proceeding, being first duly sworn on oath, deposes and states:

**A. PUBLIC DEFENDER INFORMATION**

I have been evaluated by the office of the state public defender: ( )Yes ( )No  
If yes, I have been found: ( )Eligible ( )Ineligible ( )Partially Eligible

**B. PERSONAL INFORMATION**

Date of Birth: \_\_\_\_\_  
Marital Status: ( )Single ( )Married ( )Separated ( )Divorced  
Children and Ages: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Do these children live in the home? ( )Yes ( )No  
Do any other persons live in your home? ( )Yes ( )No  
If yes, explain: \_\_\_\_\_

**C. EMPLOYMENT INFORMATION**

Current Employer: \_\_\_\_\_  
Address and Telephone of Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Net or take home pay: \$ \_\_\_\_\_ per: \_\_\_\_\_

If married and not separated:

Spouse's Employer: \_\_\_\_\_  
Address and Telephone of Employer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Net or take home pay: \$ \_\_\_\_\_ per: \_\_\_\_\_

**D. ASSETS (Include assets of spouse if married and not separated)**

Cash: \$ \_\_\_\_\_ Stocks/Bonds: \$ \_\_\_\_\_  
Savings: \$ \_\_\_\_\_ Cash Value Life Insurance: \$ \_\_\_\_\_  
Checking: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

**E. NON-LIQUID ASSETS (Equity = value - money owed) (Include assets of spouse if married and not separated)**

Real Estate (house): \$ \_\_\_\_\_  
Vehicles (car, truck, cycle): \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

**F. LIABILITIES (Money owed, including that of your spouse if married and not separated) (Include source, reason, amount and monthly payment)**

SOURCE	REASON	TOTAL AMOUNT	MONTHLY PAYMENT
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**G. AVERAGE MONTHLY BUDGET**

House (rent, mortgage):	\$ _____	Utilities:	\$ _____
Food:	\$ _____	Health/Vehicle Insurance:	\$ _____
Transportation:	\$ _____	Child Support:	\$ _____
Day Care:	\$ _____	Recurring Prescription Drugs:	\$ _____
Recurring Medical:	\$ _____	Court Proceeding:	\$ _____
Educational:	\$ _____		

**H. FAILED ATTEMPTS TO SECURE LEGAL COUNSEL**

(List names and addresses of attorneys whom you have consulted)

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I swear that the above statements are true and correct to the best of my knowledge and recollection; that I have not sold or disposed of any assets for less than their fair market value prior to the commencement of the above-captioned proceeding in order to obtain appointed counsel; and that I understand that furnishing false information under oath may subject me to a criminal prosecution, with a possible punishment of up to 6 years in the Arkansas Department of Corrections and a fine of up to \$10,000. Further, I state that any change in my financial condition will be reported to both this Court and appointed counsel immediately.

In exchange for legal representation provided by the State, I, \_\_\_\_\_, agree to pay the amount ordered by the Court, both upon the initial Appointment of an Attorney (user fee) and for any amount ordered by the Court after the case has concluded (attorney fee).

Your state income tax refund, legal settlements or favorable verdicts, lottery winnings, or any moneys or property forfeited by the State shall be intercepted to satisfy this debt under Ark. Code Ann. § 16-87-217.

\_\_\_\_\_  
Defendant

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
State of Arkansas Notary Public

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
JUDGE

\_\_\_\_\_  
DATE