FINANCIAL AFFIDAVIT IN APPLICATION FOR LANSING COURT-APPOINTED ATTORNEY LEAVENWORTH MUNICIPAL PROBATION OFFICE

				<u></u>	Page No.
DEFENDANT: _	First				
		M.I.	Last		Age
SPOUSE (if ma	rried): First	M.I.	Last		
ADDRESS:					
Street			City/State/Zip		Phone
EMERGENCY					
CONTACT INFO	D: (Address & Phone)				
*** *** *** *** *	*** *** *** *** *** *** *** *	** *** *** *** *** *** *** ***	*** *** *** ***	*** *** *** *** *** ***	*** *** *** *** ***
INCOME	atua (abaak ana); 🛛 En	nployed Dunemployed		fomployed	
	atus (check one): 🛛 🖵 En			f-employed	•
if employed:	Employer	Address	Employment Dates		S
	Employer	Address	Employment Dates		S Monthly Amount
			Employm	en Dales	Monuly Amount
if unemployed:	Name of last employer & l	ast date worked			
Spouse:					\$
	Employer Address B		Employm	ent Dates	Monthly Amount
	ved within the past 12 mor Public Assistance, or any	nths any other income, including other sources?	j from VA, Foo ⊒ Yes	d Stamps, SSI/SSA,	Child Support,
If yes, list the sour	rce(s) and amount(s) receive	d:			\$\$
		I	Estimated total	monthly income:	\$
		I	ESTIM. TOTAL	ANNUAL INCOME:	×12
*** *** *** *** *	*** *** *** *** *** *** ***	** *** *** *** *** *** *** ***	*** *** *** ***	*** *** *** *** ***	*** *** *** *** ***
OTHER ASSE	CASH: Availab	le cash on hand; money in bank ac	accounts, etc.		\$
	PROPERTY: Home, land or other property (don't include household goods/furnishings):				\$
			ΤΟΤΑ	L LIQUID ASSETS:	\$
*** *** *** *** *	*** *** *** *** *** *** ***	** *** *** *** *** *** *** ***	*** *** *** ***	*** *** *** *** ***	*** *** *** *** ***
DEBTS & OB	LIGATIONS Marital St	atus (check one): 🛛 Single	Married		vorced/Separated
Dependents:	Name, Age & Rela	tionship to You		DEBTS/MONTHL	(EXPENSES:
			Rent/h	nouse payment	\$
				Clothing/Medical	\$
				s/Phone/Cable	\$
				ny/child support	\$ <u> </u>
				ment pymts (car, credit c pymts (insurance, etc.)	ara) ⊅ ⊄
				L MONTHLY EXPENS	σes: \$
*** *** *** *** *	*** *** *** *** *** *** ***	** *** *** *** *** *** *** ***	*** *** *** ***	*** *** *** *** ***	*** *** *** *** ***
STATEMENT OF DEFENDANT: I,			, being of lawful age and under penalty of periury declare		
that I can afford	to pay \$ towa	rd the cost of my defense at this	s time: that I ha	ve read this affidavit	or that it has been
		nformation I have provided about			
Deted					
Dated:		i	Defendant		

SUBSCRIBED AND SWORN TO before me this _____ day of ______, 20____. Defendant

JUDGE OF THE MUNICIPAL COURT