



FINANCIAL QUESTIONNAIRE TO ESTABLISH INDIGENCY - MUNICIPAL COURTS



PART I GENERAL INFORMATION

APPLICATION BY: DEFENDANT PARENT OR GUARDIAN (IF DEFENDANT IS UNDER 18)
 FOR: ASSIGNMENT OF COUNSEL PAYMENT OF FINES / PENALTIES IN INSTALLMENTS OTHER _____

COMPLAINT NUMBER(S)		CHARGES			
CHARGES (continued)					
LAST NAME		FIRST NAME		MIDDLE INITIAL	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
					DATE OF BIRTH / /
SOCIAL SECURITY NUMBER			DRIVERS LICENSE NUMBER		STATE
HOME STREET ADDRESS		CITY		STATE	ZIP
		HOME PHONE NUMBER () -		HOW LONG AT THE ABOVE ADDRESS?	
EMERGENCY CONTACT - NAME		RELATIONSHIP		PHONE NUMBER () -	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				NUMBER OF THOSE YOU SUPPORT (Children or other family members)	
ARE YOU ON BAIL FOR THIS CHARGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME AND ADDRESS OF SURETY			AMOUNT \$

PART II EMPLOYMENT HISTORY

ARE YOU NOW EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, LENGTH OF EMPLOYMENT	CURRENT EMPLOYER, IF EMPLOYED; IF UNEMPLOYED, LAST EMPLOYER
EMPLOYER'S ADDRESS		PHONE NUMBER () -	POSITION HELD

PART III ASSETS (include all jointly owned assets)

GROSS WAGES \$	PER (check one) <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month	OTHER INCOME \$	SOURCE (welfare, workman's comp., social security)
WAS LAST YEAR'S INCOME TAX RETURN FILED? <input type="checkbox"/> State <input type="checkbox"/> Federal	RECEIVES ALIMONY OR CHILD SUPPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	BY COURT ORDER <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT \$
CHECKING ACCOUNT: BANK	ACCOUNT NUMBER	BALANCE \$	
SAVINGS ACCOUNT: BANK	ACCOUNT NUMBER	BALANCE \$	
REAL ESTATE OWNED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADDRESS describe	EQUITY \$	PRESENT VALUE \$
PERSONAL PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ITEM describe		PRESENT VALUE \$
PERSONAL PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No	ITEM describe		PRESENT VALUE \$
VEHICLE <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	YEAR	MAKE	MODEL
			PRESENT VALUE \$

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 \$
OUTSTANDING LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	NATURE OF THE LOAN	MONTHLY PAYMENT \$	BALANCE OWED \$	

TOTAL ASSETS:	\$
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(OVER)


OUTSTANDING LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	NATURE OF THE LOAN	MONTHLY PAYMENT \$	BALANCE OWED \$	
MONEY OWED FOR ATTORNEY FEES? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF ATTORNEY	MONTHLY PAYMENT \$	BALANCE OWED \$	
INSURANCE OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	MONTHLY PAYMENT \$	BALANCE OWED \$	
MEDICAL EXPENSES - DOCTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOCTOR'S NAME	MONTHLY PAYMENT \$	BALANCE OWED \$	
MEDICAL EXPENSES - HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL NAME	MONTHLY PAYMENT \$	BALANCE OWED \$	
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME	MONTHLY PAYMENT \$	BALANCE OWED \$
UTILITIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	MONTHLY PAYMENT \$	BALANCE OWED \$	
CHILD SUPPORT / ALIMONY PAYMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No		MONTHLY PAYMENT \$	BALANCE OWED \$	
OTHER EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE	MONTHLY PAYMENT \$	BALANCE OWED \$	
SUBSISTENCE (FOOD, CLOTHING, TRANSP.) <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE	MONTHLY PAYMENT \$	SUBSISTENCE EXPENSES \$	
DOES ANYONE CONTRIBUTE TO THE PAYMENT OF THESE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHO?	TOTAL AMOUNT CONTRIBUTED \$	TOTAL MONTHLY PAYMENT \$	TOTAL LIABILITIES \$

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 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 PRIVATE ATTORNEY	ADDRESS	PHONE NUMBER	
WHO PAID FOR PRIVATE ATTORNEY?	AMOUNT OF RETAINER PAID \$	TOTAL ASSETS \$	TOTAL LIABILITIES \$
		-	= \$

PART VI 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 SUCH STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT. 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, BANK ACCOUNTS AND OTHER FINANCIAL INSTITUTION RECORDS.

SIGNATURE	DATE	WITNESS, NAME AND POSITION	DATE
COUNSEL ASSIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION FEE <input type="checkbox"/> ASSESSED \$ _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> PARITAL PAYMENT SCHEDULE _____		
COUNSEL DENIED - REASONS			
APPROVED BY JUDGE	DATE		
 The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.			
NOTES:			