

**IN THE DISTRICT COURT OF THE CHICKASAW NATION
ADA, OKLAHOMA**

**APPLICATION FOR COURT-APPOINTED ATTORNEY
AFFIDAVIT OF INDIGENCY**

YOU MUST ANSWER ALL QUESTIONS TRUTHFULLY UNDER PENALTY OF PERJURY.
DO NOT LEAVE AN ANSWER BLANK.

Name: *First* _____ *Middle* _____ *Last* _____

Street Address _____

City _____ State _____ Zip Code _____

Case Numbers:	
CRM	_____ - _____
CM	_____ - _____
CF	_____ - _____

Date of Birth: _____ Telephone Number: _____ SSN: XXX-XX-_____
(Last Four Digits Only)

Marital Status: Married Single Separated Divorced
(Choose One)

I. PERSONS IN HOUSEHOLD (*Print the Names of Every Occupant Residing In Your Home*)

Spouse / Partner _____ N/A

Other Adults: (18 and Over)	_____	Is person a Dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Number of Dependent Children Under 18: _____

Are you claimed as a Dependent by any other person? Yes No

Do any adults listed above receive any income or benefits from any source? Yes No

If so, what is the source of income or benefits? _____

What is the total monthly amount of income or benefits received? \$ _____

II. EMPLOYMENT

What is your current employment status?

Employed

Current Employer: _____

Job Title: _____

Length of Employment _____

Rate of Pay: Hourly \$ _____ per Hour. Avg. Hours/Week _____

Salary \$ _____ per Week / 2 Weeks / Month
(Circle One)

Average Monthly Earnings: \$ _____

***Second Job – If Applicable (Complete Below)**

Current Employer: _____

Job Title: _____

Length of Employment _____

Rate of Pay: Hourly \$ _____ per Hour / Avg. Hours/Week _____

Salary \$ _____ per Week / 2 Weeks / Month
(Circle One)

Average Monthly Earnings: \$ _____

Self-Employed

Name of Business: _____

Type of Work: _____

Number of Employees: _____

Average Monthly Income: \$ _____

Unemployed

Are you receiving any Unemployment Benefits? Yes No

If so, how much do you receive per month? \$ _____ N/A

III. SPOUSE / PARTNER INCOME

Choose One: _____	Monthly Amount _____
<input type="checkbox"/> Employed	\$ _____
<input type="checkbox"/> Receives SSI, SSDI, VA, or Other Govt Benefits	\$ _____
<input type="checkbox"/> Other Income: _____	\$ _____
<input type="checkbox"/> Not Employed – Receives Unemployment Benefits	\$ _____
<input type="checkbox"/> Not Employed – No Income Received	
<input type="checkbox"/> N/A (I do not have a spouse / partner)	

IV. ADDITIONAL INCOME OR ASSISTANCE

Do you receive any of the following? _____	Monthly Amount _____
Child Support <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Social Security Disability Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Veteran's Administration Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Rental / Housing Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Other Government Assistance	
_____ <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
<i>Describe</i>	

V. FINANCIAL INFORMATION – ASSETS

a. **Cash on Hand:** \$ _____

b. **Bank Account(s)** – (Savings, Checking, Certificate of Deposit) N/A

<i>Bank Name & Address</i>	<i>Type of Account</i>	<i>Balance</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. **Retirement and Investment Account(s)** – (401K, IRA, Roth, Pension) N/A

<i>Brokerage Name & Address</i>	<i>Type of Account</i>	<i>Balance</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. **Home and Other Real Estate** N/A

Do you own your home or any other real estate? Yes No

Address: _____ Current Value _____

_____ \$ _____
Street City State

_____ \$ _____
Street City State

e. **Vehicles** N/A

Description (Year / Make / Model) _____ Current Value _____

_____ \$ _____

_____ \$ _____

VI. EXPENSES

<u>Description</u>	<u>Monthly Amount</u>
Mortgage Payment	\$ _____
Rent	\$ _____
Utilities	\$ _____
Groceries / Food	\$ _____
Telephone / Cell Phone	\$ _____
Health Insurance (Medical, Dental, Vision)	\$ _____
Automobile Payment	\$ _____
Automobile Insurance	\$ _____
Gasoline / Diesel	\$ _____
Child Support	\$ _____
Credit Card(s)	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

VII. BOND

Did you receive a *Personal Recognizance* or *Own Recognizance* Bond Yes No

Did you post a *Cash Only* Bond? Yes No

If yes, how much was posted? \$ _____

Did you post a *Surety* Bond in this case? Yes No

Total Bond Amount (Set by the Court) \$ _____

Total Paid to Bail Bondsman \$ _____

Did someone else provide financial assistance for the bond? Yes No

Who assisted you with the payment of the Bond? _____

VIII. ATTORNEY

Have you hired an attorney in this case or any other pending matter? Yes No

If so, state the following information: case number, court, attorney and amount paid to attorney for services in that case:

Case Number	Court	
Attorney Name		\$ Amount Paid.

Do you have any relatives or friends who are willing to assist you with legal fees? Yes No

If you have been released on bond, you must contact three (3) attorneys to determine if you are able to retain their services. If you are still in custody, please check the box at the bottom of this paragraph.

1. Firm / Attorney Name: _____

Date Contacted: _____

Contacted by: Telephone In-person Other: _____

Name of Attorney / Staff Member that you spoke with: _____

Can you afford their services? Yes No

2. Firm / Attorney Name: _____

Date Contacted: _____

Contacted by: Telephone In-person Other: _____

Name of Attorney / Staff Member that you spoke with: _____

Can you afford their services? Yes No

3. Firm / Attorney Name: _____

Date Contacted: _____

Contacted by: Telephone In-person Other: _____

Name of Attorney / Staff Member that you spoke with: _____

Can you afford their services? Yes No

I cannot contact three (3) attorneys as I am currently incarcerated.

DECLARATION BY APPLICANT

I declare, under penalty of perjury, that the information I have provided is true, accurate, and correct. I understand that I may be prosecuted for knowingly providing false information in this application.

I further swear and affirm that I am without funds or other sources of income to pay an attorney to represent me in this matter or to pay for costs associated with this case. I understand I am under a continuing obligation to keep this Court informed of any changes in my financial status and this Court may conduct another hearing at any time to determine my indigent status.

Defendant's Signature

Date

For Official Use Only

ORDER

It is the Order of this Court that the application, as set forth above, is hereby:

- SET FOR HEARING ON: _____
- DENIED: _____

- APPROVED:
 - _____ is appointed herein.
Name of Attorney
 - Attorney to be Assigned by the Court Clerk.

IT IS SO ORDERED THIS _____ DAY OF _____ 20__.

JUDGE OF THE DISTRICT COURT