

THE STATE OF NEBRASKA _____,

Plaintiff,

vs.

_____,
Defendant.

Case No. _____

**REQUEST FOR COURT
APPOINTED COUNSEL,
STATEMENT OF
FINANCIAL STATUS AND
AUTHORIZATION FOR
RELEASE OF INFORMATION**

I hereby request that the court appoint counsel to represent me because I cannot afford to hire a private attorney. I hereby authorize the court or its representative to have access to any of my financial information including employment status, income records, bank account records, and records of any debts in order to verify the information provided herein.

I.

A. Full Name: _____
B. Current Address: _____
C. Phone: _____

II.

I currently receive the following forms of public assistance.

A. Aid to Families With Dependent Children (AFDC)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
B. Emergency Aid to Elderly, Disabled & Children	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
C. Poverty Related Veteran's Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
D. Food Stamps	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
E. Medicaid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
F. Supplemental Security Income	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
G. Refugee Resettlement Benefits	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
H. County General Assistance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If You Have Answered **Yes** to Any of the Above, Stop Here and Sign the Back of this Form.
If You Answered **No** to All Questions, Go on to Section III.

III.

I work at _____ . I earn \$ _____ per _____
hr/wk/mo/yr

Number of Family Members

A. 1 Self

B. Write "1" if married and spouse lives with you.

C. Write the number of your children that live with you.

D. Total (add A, B & C)

 If Line "D" is 1 and your annual income is \$18,825 or less, check here.

 If Line "D" is 2 and your annual income is \$25,550 or less, check here.

 If Line "D" is 3 and your annual income is \$32,275 or less, check here.

 If Line "D" is 4 or more and your annual income is \$39,000 or less, check here.

If you have **checked any of the above, stop here and sign the back of this form.**

If you **did not check** any of the above, **go on to Sections IV., V., & VI.**

IV.

My monthly income is as follows:

A. Monthly Take Home Pay From My Job	\$ _____
B. Interest and Dividends	\$ _____
C. Rental Income	\$ _____
D. Unemployment Comp. & Workers' Comp.	\$ _____
E. Pensions, Annuities, Social Security	\$ _____
F. Other Cash Payments	\$ _____
G. Total of A Through F (Total Income)	\$ _____

V.

My share of monthly basic living costs is as follows:

A. Rent, House Payment, or Other Shelter Costs	\$ _____
B. Utilities	\$ _____
C. Food	\$ _____
D. Clothing	\$ _____
E. Health Care	\$ _____
F. Transportation	\$ _____
G. Education	\$ _____
H. Child Support, Alimony, and Other Support	\$ _____
I. Total of A Through H (Total Expenses)	\$ _____

VI.

The value of my liquid assets is as follows:	
A.Cash, Savings, Bank Accounts	\$ _____
B.Stocks, Bonds, Certificates of Deposit	\$ _____
C.Real Estate (Assessed Value less Mortgage Balance). .	\$ _____
D.Other Personal Property Reasonably Convertible to Cash	\$ _____
E.Pensions, Deferred Compensation , IRAs	\$ _____
F.Total Liquid Assets (Add Lines A, B, C, D)	\$ _____

I swear or affirm, under penalty of perjury, that the foregoing financial affidavit is true.

Signature: _____ Date: _____

Printed Name: _____

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

STATE OF NEBRASKA)
) ss.
 COUNTY OF _____)

Signed before me on _____.

Witness

TO BE COMPLETED BY PROBATION STAFF ONLY:

Summary:	
Total Income (from section IV, line G.)	\$ _____
Minus Total Expense (from section V, line I.)	\$ _____
= Disposable Net Monthly Income	\$ _____
Plus Liquid Assets (from section VI, line F.)	\$ _____
= Total	\$ _____
Minus Bail Obligations (enter as negative number).	\$ _____
= Available Funds	\$ _____