

INDIGENCY AFFIDAVIT
For Application of Court Appointed Attorney
In The Municipal Court Of Newton, Harvey County, Kansas

CITY OF NEWTON,

DATE: _____

VS

CHARGES: _____

CASE NO.: _____

(Defendant Name)

I, the above-named Defendant, as an indigent person, request appointment of attorney and, after being duly sworn, state the following:

1. Full Name and Age: _____

2. Address/Phone: _____

3. Marital Status: Single____ Married____ Separated____ Divorced____

4. Husband, Wife, Live-in or Significant Other - Name & Age: _____
Address: _____

5. List all persons other than the above, who are dependent upon you for full or partial support:

Name	Age	Relationship	Address
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_____	_____	_____	_____
_____	_____	_____	_____

6. Your occupation & how long: _____

Employer, Address & Phone: _____

If none, give last work done, dates, name & address of that Employer and how long there:

Husband, wife, live-in or significant other's employer, address & phone:

If none, give last work done, dates, name & address of that employer and how long there:

7. Income:	Yours	Spouse, live-in or other
Gross per payday how often paid	\$ _____	\$ _____
Other income	\$ _____	\$ _____
from:	_____	_____
SRS/SS or SSI	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Medical card (yes or no)	_____	_____

