



CITY OF DECATUR MUNICIPAL COURT

AFFIDAVIT OF SUBSTANTIAL HARDSHIP

CITY OF DECATUR
V.

| CASE NUMBER(S) |
|----------------|
| |
| |
| |
| |

DEFENDANT

I, the above named defendant, request a court appointed attorney to represent me in the above case(s) based on the following information.

Current Mailing Address:

| | | |
|--------|--------|---------------------|
| NUMBER | STREET | APT/UNIT/BLD NUMBER |
| CITY | STATE | ZIP CODE |

Phone Number(s): _____
HOME NUMBER

Date of Birth: ____/____/____

CELL NUMBER

SSN OR ID#: _____

Email Address: _____

Marital Status: SINGLE MARRIED
 WIDOWED DIVORCED

Present Employer:

| | |
|---------------|------------------|
| BUSINESS NAME | BUSINESS ADDRESS |
|---------------|------------------|

Rate of Pay: \$ _____; Hours Per Week: _____; PARTTIME / FULL TIME/ SELF -EMPLOYED

Type of work: _____

Spouse's Employer (IF APPLICABLE):

| | |
|---------------|------------------|
| BUSINESS NAME | BUSINESS ADDRESS |
|---------------|------------------|

List ALL employers you have had in the past 2 years:

| BUSINESS NAME | BUSINESS ADDRESS | TYPE OF WORK | EARNINGS PER WEEK |
|---------------|------------------|--------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

List ALL other income you currently receive and identify the source.

| INCOME SOURCE | AMOUNT PER MONTH |
|---------------|------------------|
| | \$ |
| | \$ |
| | \$ |

List the amount and location of ALL monies or financial assets you have such as checking account, savings account, stocks or bonds, etc.

| ACCOUNT TYPE | AMOUNT |
|--------------|--------|
| | \$ |
| | \$ |

List all property you own which may exceed a value of \$500.00 such as land, automobiles, furnishings or personal items:

| ITEM DESCRIPTION | ESTIMATED VALUE | BALANCE OWED |
|------------------|-----------------|--------------|
| | | |
| | | |
| | | |

List all debts you owe for household expenses, loans, charge accounts, child support, alimony, etc.

MONTHLY LIVING EXPENSES/DEBT OWED

| | | | | | |
|---------------|----|------------------|----|----------------|----|
| Mortgage/Rent | \$ | Auto Loan(s) | \$ | Day care | \$ |
| Utilities | \$ | Auto Insurance | \$ | Credit Card(s) | \$ |
| Telephone | \$ | Health Insurance | \$ | Other | \$ |

TOTAL MONTHLY EXPENSES: _____

List ALL persons you financially support in your household excluding yourself:

| NAME | RELATIONSHIP | AGE |
|------|--------------|-----|
| | | |
| | | |

Student: Full-time Part-time; Name of School/University: _____

What was the last year of school that you completed: _____ / GED: Yes No

In answering the above, I swear or affirm under penalty of Contempt of Court, that the information given by me is true and correct to the best of my knowledge.

_____/_____
Defendant / Date

NOTARY ACKNOWLEDGEMENT

State of _____

County of _____

The foregoing document was acknowledged before me _____ this _____ (Date)

by _____ (Name of Person Acknowledged).

SEAL

Notary Signature

Commission Expiration Date

