

SUPPLEMENT TO INDIGENCY AFFIDAVIT

THE INFORMATION CONTAINED HEREIN IS CONFIDENTIAL AND SHALL NOT BE DISCLOSED EXCEPT TO THE PARTIES AND COURT PERSONNEL

NAME:

1. Date of birth: _____

2. Highest grade attained in school: _____

3. Special training: _____

4. Physical or mental disabilities: _____

5. Number of dependents: _____

6. Sources of Income: _____

7. Occupation: _____

8. Employer's name and address: _____

9. Gross annual income from preceding year: \$ _____

10. Current Income and expenses:

Gross (weekly) (monthly) income \$ _____

Federal tax: _____

State Tax: _____

Social Security: _____

Health Insurance: _____

Pension: _____

Other: _____

Total deductions: \$ _____

Net (weekly) (monthly) income: \$ _____

Rent: _____

Food: _____

Clothing: _____

Utilities: _____

Other Expenses: _____

Total expenses: \$ _____

Net income minus expenses \$ _____

11. Current Assets and Liabilities:

Assets:

Car: _____ Year & Make: _____

Market Value: \$ _____

Balance due: \$ _____

Bank Accounts: _____

Other Property: _____

LIABILITIES:

12. Other facts relevant to applicant's ability to pay:

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature of applicant: _____

Address of applicant: _____

Date: _____ Telephone Number: _____