SUPPLEMENT TO AFFIDAVIT OF INDIGENCY, c. 261, §§ 27A-27G	DOCKET NUMBER	**Trial Court of Massachusetts Juvenile Court Department**
CASE NAME _____		DIVISION

SUPPLEMENT TO AFFIDAVIT OF INDIGENCY
AND REQUEST FOR WIAVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS
(Note: If you checked (C) on the Affidavit of Indigency, you must complete this form.)

Name of Applicant: _____

Address: _____

Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:

1. PERSONAL INFORMATION

(a) Date of Birth _____
(b) Highest Grade Attained in School _____
(c) Special Training _____
(d) List any physical or mental disabilities which you wish to reveal and which affect your earning capacity or living expenses _____

_____

(e) Number of dependents _____

2. INCOME AFTER TAXES *(monthly)*

(a) If from employment, list your occupation and your employer's name and address:

_____

_____

(b) Source of income, if not from employment _____

_____

(c) My gross annual income for the past twelve months was $ _____
(d) Gross Income *(montlhy)* $ _____
(e) Taxes Deducted *(montlhy)*

Federal Tax	$ _____
State Tax	$ _____
Social Security	$ _____
Medicare	$ _____
Other Taxes *(specify)*	$ _____

Total Taxes Deducted $ _____
(f) Total Income After Taxes (*subtract 2(e) from 2(d))* $ _____

(g) If any other member of your household is employed, list occupation and name and address of his/her employer and monthly income after taxes: _____

_____

3. NET INCOME *(monthly)*

(a) Income After Taxes (from line 2(f)): $ _____

(b) Expesnes *(monthly)*

Rent or Mortgage	$ _____	Uninsured Medical Expenses	$ _____
Food	$ _____	Child Care	$ _____
Electricity	$ _____	Education Expenses for Child	$ _____
Gas	$ _____	Child Support	$ _____
Oil	$ _____	Clothing	$ _____
Water	$ _____	Laundry/Cleaning	$ _____
Telephone	$ _____	Car Insurance	$ _____
Health Insurance	$ _____	Transportation Expenses	$ _____
Other (specify)	$ _____		

_____

Total Expenses $ _____

(c) Income After taxes Minus Expenses *(monthly)* (subtract 3(b) from 3(a)) $ _____

4. ASSETS

(a) Own Home _____ Market Value $ _____

Balance owed $ _____

(b) Own Car? _____ Year and Make _____

Market Value $ _____ Balance owed $ _____

(c) Bank Accounts *(specify type and balance)* _____

_____

(d) Other property including real estate *(specify type and value)* _____

_____

5. DEBTS

(a) Specify: _____

_____

6. MISCELLANEOUS

(a) Other facts which may be relevant to your ability to pay fees and costs.

_____

_____

Date Signed	Signed under the penalties of perjury **X**

By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized by the applicant.

(This form is prescribed by the Chief Justice of the Supreme Judicial Court pursuant to G. L. c. 261, § 27B. Promulgated March 2003).