

(TYPE OR PRINT IN BLACK INK) In The General Court Of Justice

District Superior Court Division

File No.

Additional File Nos.

STATE OF NORTH CAROLINA
County

Name Of Applicant

AFFIDAVIT OF INDIGENCY

G.S. 7A-450 et seq.

Street Number And Street Name, Including Apartment Or Unit Number If Applicable

Offense(s)

City, State And Zip Code

Full Permanent Mailing Address Of Applicant (If Different Than Above)

Applicant: Do you have other pending criminal charge(s) in which a lawyer has been appointed? Yes No
Name Of Lawyer

Telephone Number Of Applicant

Date Of Birth

Full Social Security No. Of Applicant

Has No Social Security No.

Defendant Parent/Guardian/Trustee

MONTHLY INCOME (money you make)

MONTHLY EXPENSES (money you pay out)

Employment - Applicant \$

Number Of Dependents

Name And Address Of Applicant's Employer
(If not employed, state reason; if self-employed, state trade)

Shelter Buying Renting \$

Food (including Food Stamps) \$

Utilities
(power, water, heating, phone, cable, etc.) \$

Other Income (Welfare, Food Stamps, S/S, Pensions, etc.) \$

Health Care \$

Employment - Spouse \$

Installment Payments
 Vehicle Other \$

Name And Address Of Spouse's Employer

Car Expenses
(gas, insurance, etc.) \$

Support Payments \$

Other: (specify) \$

Total Monthly Income \$

Total Monthly Expenses \$

DESCRIPTION OF ASSETS AND LIABILITIES

ASSETS (things you own)

LIABILITIES (amounts you owe)

Cash On Hand And In Bank Accounts
(List Name Of Bank & Account No.)

\$

Money Owed To Or Held For Applicant

\$

Motor Vehicles (List Make, Model, Year)

(Fair Market Value)

(Balance Due)

\$

\$

Real Estate

(Fair Market Value)

(Balance Due)

\$

\$

Personal Property

(Fair Market Value)

(Balance Due)

\$

\$

Other Debts

\$

Last Income Tax Filed 20 _____ Refund Owe

\$

\$

Other

\$

\$

Total Assets And Liabilities

\$

\$

Bond Type

Amount

By Whom Posted

\$

NOTE: Read the notice on the reverse side before completing this form.

NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER

1. When answering the questions on the Affidavit Of Indigency (*reverse side of this form*), please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case.

2. **A court-appointed lawyer is not free. If you are convicted or plead guilty or no contest, you may be required to repay the cost of your lawyer as a part of your sentence. The Court may also enter a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund may be taken to pay for the cost of your court-appointed lawyer. In addition, if you are convicted or plead guilty or no contest, the Court must charge you an attorney appointment fee and may enter this fee as a civil judgment against you pursuant to G.S. 7A-455.1.**

3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony.").

Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.

I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for a court-appointed lawyer upon request of the Court.

Governmental Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		<i>Date</i>
<i>Date</i>	<i>Signature</i>	<i>Signature Of Applicant</i>
<input type="checkbox"/> <i>Deputy CSC</i> <input type="checkbox"/> <i>Assistant CSC</i> <input type="checkbox"/> <i>Clerk Of Superior Court</i> <input type="checkbox"/> <i>Magistrate</i>		<i>Name Of Applicant (Type Or Print)</i>
<input type="checkbox"/> <i>Notary</i>	<i>Date My Commission Expires</i>	<input type="checkbox"/> <i>Defendant</i> <input type="checkbox"/> <i>Parent/Guardian/Trustee</i> <input type="checkbox"/> _____
SEAL	<i>County Where Notarized</i>	

NOTE: *If you are less than 18 years old, or if you are at least 18 years old but remain dependent on and live with a parent or guardian, state name and address of parent, guardian or trustee below.*

<i>Name Of Parent/Guardian Or Trustee</i>
<i>Address</i>
<i>City, State, Zip</i>