

IN THE IOWA DISTRICT COURT IN AND FOR

COUNTY

STATE OF IOWA

v.

\_\_\_\_\_,  
DEFENDANT.

No(s) \_\_\_\_\_

**FINANCIAL AFFIDAVIT and  
APPLICATION FOR COUNSEL**

**PLEASE PRINT LEGIBLY SO YOUR ATTORNEY CAN CONTACT YOU!**

Report any contact changes to your attorney AND to the clerk of court.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

P.O. Box, City/State/Zip OR Street address with Apt #, City/State/Zip

PHONE:    -    -

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

ALTERNATIVE CONTACT INFO: \_\_\_\_\_

Do you have a job?  No  Yes, full time  Yes, part-time \_\_\_\_\_ hours/week

Do you receive SSI/SSDI?  No  Yes—how much? \_\_\_\_\_

How much money do you make? \$ \_\_\_\_\_ /hr **OR** \$ \_\_\_\_\_ per wk mo yr (circle one)

How much money did you make last year? \$ \_\_\_\_\_

Do you support any children or other dependents?  No  Yes--how many? \_\_\_\_\_

Does any other adult in your home make money?  N/A  No  Yes—how much? \_\_\_\_\_

Do you own anything worth more than \$500 (house, vehicle, land, bank account, investments)?  
\_\_\_\_\_

What are your regular bills/debts (rent/mortgage, child support, medical expenses, credit cards, student loans)?  
\_\_\_\_\_

If you pay child support, are you current on your obligation?  No  Yes

**I understand I may have to pay back attorney fees, based upon my reasonable ability to pay.  
I promise under penalty of perjury that this information is true and correct.**

DATE

SIGNATURE