

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