

IN THE _____ COURT OF _____ CITY/COUNTY, STATE OF MONTANA
 BEFORE _____, JUSTICE OF THE PEACE/CITY JUDGE

_____,)
 Applicant)
)
 _____,)
 Address)
)
 _____,) Case No. _____

**FINANCIAL DATA FOR
 INFORMA PAUPERIS
 APPLICATION**

Phone Number _____
 Offense(s) charged: _____ Age: _____
 Defendant is _____ is not _____ in custody. DOB: _____

No. of Dependents _____ Date last employed: _____
 Employed _____ by:

I am / my family is currently receiving on a monthly basis:

Salary	\$ _____	AFDC	\$ _____	Unemployment	\$
SSI	\$ _____	Workers Comp	\$ _____	Medicaid	\$
Pension	\$ _____	Food Stamps	\$ _____	Child Support	\$
Retirement	\$ _____	Other Income	\$ _____	Spouse's Income	\$

Assets: _____ Total Income: \$ _____

(LIST TOTAL VALUES)

Cash on hand or in bank \$ _____
 Wages/Money owed to you \$ _____
 Real Estate _____
 Real Estate value \$ _____
 Motor Vehicles _____

 Sporting Equipment _____
 (guns, boats, motorcycles, etc.) \$ _____
 Personal Property, i.e., Furniture,
 Appliances _____
 Value/personal property \$ _____
 Savings Accounts \$ _____
 Stocks/Bonds/Securities \$ _____
 Total All Assets \$ _____

Monthly Debts:

(FILL IN AMOUNTS PAID OUT PER MONTH)
 Rent/Mortgage payment \$ _____
 Utilities \$ _____
 Telephone \$ _____
 Groceries \$ _____
 Gas for Vehicles \$ _____
 Cable or Satellite \$ _____
 \$ _____ Drs., Hospitals
 Courts \$ _____
 Attorneys \$ _____
 Credit Cards \$ _____
 Other Monthly Debts \$ _____
 Total Debts per Month \$ _____

I do solemnly swear UNDER PENALTY OF PERJURY that the statements in this application are true, and that I have fully disclosed my assets. I am financially unable to employ an attorney. I understand that I may be

required to pay all or a portion of the compensation and expenses incurred by my court appointed counsel if I am convicted of the pending charges and am able to do so.

SWORN TO this ____ day of _____, 20__.

Signature of Applicant

Judge

Notary Public for the State of Montana
Residing at _____
My Commission expires _____