

**TEMPE MUNICIPAL COURT
COUNTY OF MARICOPA, STATE OF ARIZONA
TEMPE.GOV/COURT
480-350-8271**

STATE OF ARIZONA, Plaintiff

Case Number: _____

vs.

**DEFENDANT'S FINANCIAL
STATEMENT AND REQUEST FOR
COURT-APPOINTED ATTORNEY
(LIMITED JURISDICTION)**

Defendant

By answering the questions below, you are telling the Court you cannot afford an attorney and to consider your financial circumstances in determining whether you qualify for a court-appointed attorney in this case at a reduced cost or no cost to you. You are answering these questions under penalty of perjury and you may be held in contempt of court if you do not answer truthfully, or if you fail to notify the Court of any material improvement in your financial circumstances while your case is pending.

1. What is your marital status? Single Married Partnered Separated Divorced
2. How many other people do you support financially? ____ List age and relationship to you and check those living with you: _____

3. Do you have a job? Yes No. If yes, what do you do and for how long? If no, when did you last work and what did you do? _____
4. What is your approximate monthly take-home pay? \$ _____
5. Do you have income from the following sources? social security disability unemployment
 spousal or child support investments other: _____
 - What is your approximate total monthly income from these sources? \$ _____
 - What is your spouse's approximate total monthly income from all sources? \$ _____
6. Do you own a house? Yes No.
 - If yes, what is the approximate value? \$ _____
 - Approximately how much do you owe on the house? \$ _____
7. Do you have any bank or retirement accounts? Yes No.
 - If yes, what is the approximate total balance of the accounts? \$ _____
8. Do you have any outstanding loans? Yes No.
 - If yes, what type of loans: _____
 - What is the approximate balance owed? \$ _____
9. What are your total approximate monthly expenses? \$ _____
10. How much can you afford to contribute to the cost of an attorney to represent you:
 Monthly attorney contribution: \$ _____
 Total attorney contribution: \$ _____
11. Any other information about your financial circumstances you want to share: _____

I declare under penalty of perjury that I have read the above statements and to the best of my knowledge and belief these statements are true and correct.

Date

Defendant Signature

CLIENT INFORMATION

The City of Tempe has retained a private attorney to represent you in this case. To assist in this representation, please complete the following form. **This is to be completed and returned to the clerk before you leave the courtroom.**

Please Print

Client name: _____

Mailing address (where you want and can receive case related material):

_____ Apt# _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ E-Mail: _____

Employer (if any): _____ School (if any): _____

Contacts (if any):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Comments (***non-confidential*** information you want your attorney to know when they initially review your case):

Return completed form to Court Clerk