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