SDNY CJA 23 (Rev. 1/12)

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

	E UNIT	ED ST	ATES DIS	TRICT COURT	COURT OF APP	EALS	🗖 OTHER (Speci	fy below)	LOCATION NUMBER									
IN THE CASE OF					FOR				LOCATION NUMBER									
		v.			AT													
					AT													
DEDSON	EDDEC	ENTED	(Show your full n	- m a)		ı	1 🗖 Defendant - Adult		DOCKET NUMBERS									
PERSON REPRESENTED (Show your full name)							2 Defendant - Juvenile 3 Appellant 4 Probation Violator		Magistrate Judge									
									District Court									
							5 Supervised Release Violator 5 Habeas Petitioner 7 2255 Petitioner 8 Material Witness 9 Other (Specify)		Bistrict count									
	0 PP PN /	an			☐ Felony ☐ Misdemeanor				Court of Appeals									
CHARGE/	OFFEN	SE (desci	ribe if applicable &	check box→)														
				ANSWERS	S TO QUESTIONS RE	GARDING	ABILITY TO PA	ı Y										
	Are you now employed?				☐ Yes ☐ No	☐ Self-Eı												
INCOME & ASSETS	EMPLOY- MENT		,	ess of employer:														
			IF YES, how much do you earn per month? \$ How much did you earn per month? \$															
				ur spouse emplo				, i										
			-					are a minor under ag										
						what is the approximate monthly income of your parent(s) or guardian(s)? \$												
			Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources?															
	OTHER INCOME		RECEIVED SOURCES IF YES, give the amount \$															
										CASH		Do you have any cash on hand or money in savings or checking accounts?						
												Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings						
	PROP- ERTY		and clothing)?		VALUE i \$		DESCRIPTION											
									_	1	ΜΑΡΙΤΑ	L STATUS	 _	List persons you a	ctually support and s	your relationship to them		
				Single Married Widows		Total No. of ed Dependents		·										
OBLIGATION				Separate	d or Divorced													
DEBTS			TS & THLY BILLS utilities, loans,		DESCRIPTION			TOTAL DEBT	MONTHLY PAYMENT									
									\$									
		charge accounts, etc.)					\$ s		\$									
	L						Φ		Ψ									
I certify under pe	nalty of	perjury	that the foregoing	g is true and corr	ect.													
				OF DEFENDA	NT		_		Date									
			(OK PEKSO)	N REPRESENTED)														
ED/CIA/DET	A TT	ODNE	V			L AF	PROVED	DENIED										
FD/CJA/RET	AII(UKNE	1	(PRII	N 1)													
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