



Municipal Courts of New Jersey Financial Questionnaire to Establish Indigency



Part I - General Information

Application by Defendant
 Parent or Guardian if Defendant is Under 18 or Incompetent

For: Indigent Defense Services*
 Installment Payment of Fines/Penalties

*Note: if you are applying for indigent defense services, you may be charged with an application fee.

Are you receiving welfare or participating in another government based income maintenance program? Yes No

Are you only completing this form for installment payments of your fine? Yes No

Are you only charged with traffic or parking offenses? Yes No

If you answered "Yes" to all of the above 3 questions, go to Part VII and complete the Certification.

Complaint Number(s)	Number of Co-Defendants
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Charges

Last Name	First Name	Middle Initial	Eye Color
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	Driver's License Number	State
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Home Address	City	State	Zip
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Home Phone Number	How long at the above address?	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Number of those you support (children or other family members)	Which income tax returns did you file last year? <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> None
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Have you posted bail for this charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and address of bail bond agency or person who posted bail	Amount Posted \$
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Part II - Employment History

Are you now employed? Yes No If yes, length of employment? _____

Current employer, if employed. If unemployed, last employer and date last employed.

Employer's Address	Phone Number	Position Held
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Part III - Income and Assets (include all assets you own by yourself or with someone else)

Gross Wages (before all deductions for taxes, etc.) \$_____ per Week 2 weeks Month

Other Income Received Monthly (for example: welfare, social security, unemployment compensation, worker's comp, disability pension) \$_____

Do you receive alimony or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		By court order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount received monthly \$	
Does anyone contribute to the payment of your expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?		Total amount contributed monthly \$	
Monthly Income - All Sources				Monthly Income - All Sources \$	
Checking Account: Bank		Account Number		Balance \$	
Savings Account: Bank		Account Number		Balance \$	
Other Cash Available				Amount \$	
Real Estate Owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address Describe		Current Value \$	
		Address Describe		Current Value \$	
Vehicle/Vessel <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Moped <input type="checkbox"/> Boat		Year	Make	Model	Current Value \$
Other Personal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Item Describe			Current Value \$
Total Assets				Total Assets \$ 0.00	
Part IV – Expenses and Liabilities					
Do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you pay rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in a halfway house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Monthly payment \$	Balance owed \$
Do you have outstanding loan(s) (car, home, personal, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe insurance premiums and/or surcharges? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe medical expenses – doctor/hospital/other? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you owe credit card balances? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credit Limit \$		Total monthly payment \$	Total balance owed \$
Do you owe court fines/penalties/costs? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Are you required to pay child support and/or alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No				Total monthly payment \$	Total balance owed \$
Do you pay for living expenses (food, clothing, utilities, transportation, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				Monthly Amount \$	Living expenses owed \$

Do you owe money for attorney fees? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total monthly payment \$	Total balance owed \$
Total Liabilities		Total monthly payment \$ 0.00	Total Liabilities \$ 0.00
Total Net Worth	Total Assets \$ 0.00	Total Liabilities - \$ 0.00	Total Net Worth = \$ 0.00

Part V – Attorney Information

Can you afford to pay for an attorney? Yes No If yes, how much? _____

Can parents, guardians, relatives or friends help you pay for an attorney? Yes No

Did a private attorney ever represent you Yes No

Name of Attorney	Address	Phone number

Who paid for attorney?	Amount Paid \$

Part VI– Authorization

I authorize the court or the Administrative Office of the Courts to conduct such investigation as may be necessary to verify my financial status, which may include but may not be limited to a review of my credit history, state and/or federal income tax returns, wage records, bank accounts and other financial institution records.

Signature Date

Witness, Name and Position Date

Part VII– Certification Pursuant to New Jersey Court Rule 1:4-4(b)

I certify that the foregoing statements made by me are true. I am aware and understand that if any of the foregoing statements made by me are willfully false, i am subject to punishment.

Signature Date

For Court Use Only

Counsel Assigned <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee <input type="checkbox"/> Assessed \$ _____ <input type="checkbox"/> Waived <input type="checkbox"/> Partial Payment Schedule _____
Counsel Denied - Reasons	
Approved by Judge <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Signature Date
Notes	



The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.

