

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

_____,)
Applicant)
_____,)
Address)
_____,)

**FINANCIAL DATA FOR
INFORMA PAUPERIS
APPLICATION**

Case No. _____

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 \$ _____

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 All Assets \$ _____ 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 _____