

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Check your email.** You will receive information and documents at this email address.

Email \_\_\_\_\_

In the [ ] District [ ] Justice Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

[ ] State of Utah  
[ ] City of \_\_\_\_\_  
Plaintiff (choose one)

v.

Defendant (your name) \_\_\_\_\_

**Declaration of Financial Status  
(Criminal)**

(Utah Code 78B-22-201.5)

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

Use this form to see if you qualify for a free or reduced cost lawyer for your criminal case. This lawyer is called a public defender. This form is also called an affidavit of indigency.

1. I request a court-appointed lawyer. My financial situation is estimated below.

2. My date of birth is \_\_\_\_\_. I am also known by these other names: \_\_\_\_\_.

3. In the last 6 months I have (choose all that apply):

- [ ] received or have been found eligible for SNAP (food stamps), WIC, TANF, SSI, or some other kind of needs-based public assistance.
- [ ] been found eligible for a court-appointed lawyer in another case. My financial situation has not changed in that time.
- [ ] none of the above.

#### 4. Monthly Income and Dependents

My work (leave any fields blank that do not apply to you)	I work an average of this many hours per week:	hours
	I get paid:	\$ per hour
	<b>My monthly work income is</b>	\$
Spouse's work (skip if not married)	My spouse's monthly work income is:	\$
Other income (like unemployment, retirement, child support, alimony, disability).	I have monthly income from (describe below)	\$
	I have monthly income from (describe below):	\$
<b>Total monthly income is</b>		\$
People in family	My family has ____ people in it. (include yourself, your spouse, and dependents).	
Dependents (people you are legally required to support)	The relationships of the dependents to me and their ages are: (List relationship and age for each dependent. For example: daughter, 2. Do not include name.)	

#### 5. Monthly Expenses (Include amounts you pay for yourself and any spouse, children or other dependents in your household.)

Housing	\$	Medical	\$
Food	\$	Clothing	\$
Utilities (electricity, gas, water, sewer, garbage)	\$	School	\$
Phone, internet and paid television (cable, satellite, streaming)	\$	Child support and Alimony	\$
Transportation (car payments, fuel, insurance, public transit, parking)	\$	Attorney fees you are required to pay from other cases	\$
Credit card, loan, garnishments, and other debt payments	\$	Other (include fines, fees, or restitution you are required to pay. List.)	\$

<b>Total monthly expenses are</b>	<b>\$</b>
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**6. Assets** (Value of things you own. Include all assets, like retirement accounts, stocks, bonds, notes, and other valuable items.)

Cash (including savings and checking accounts)	\$
Land, houses, or real estate in my name (include assets held for your benefit)	\$
Vehicles (market value)	\$
Other (list)	\$
<b>Total value of my assets is</b>	<b>\$</b>

**7. Debts** (List the total amount of the debt you owe here. List what you pay each month in the expenses section above.)

Type of debt (medical, credit card, etc.)	Collateral, if any (car, house, etc.)	Total owed
		\$
		\$
		\$
<b>Total debt is</b>		<b>\$</b>

**8. Other** I also have these extraordinary financial conditions that prevent me from paying for a lawyer: (List other things about your finances you want the judge to know.)

Write your response

I declare that the information in this declaration is true to the best of my knowledge. I understand that making a false statement in this declaration is against the law and is a third degree felony under Utah Code 76-8-504. I authorize the government agency responsible for providing lawyers to people who cannot afford a lawyer to contact me or request information from me or a third party to verify my financial information. I may be ordered to pay the cost of my court-appointed lawyer if the court later determines that I am able to pay.

Signed at \_\_\_\_\_ (city, and state or country).

Date \_\_\_\_\_ Signature ► \_\_\_\_\_  
Printed Name \_\_\_\_\_