COMPLETE ALL PAGES, SIGN AND RETURN TO ROOM 340.

Clear Form

STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE 17TH JUDICIAL CIRCUIT
COUNTY OF WINNEBAGO

FILE STAMP

The People of the State of Illinois,
Plaintiff

Case No. _____

Vs.

_____
Defendant

AFFIDAVIT OF ASSETS AND LIABILITIES

I, _____, am without adequate assets to hire an attorney to represent me in this case. **Under penalties as provided by law, I certify that all of the statements of fact set forth below in this Affidavit are true and correct. I understand that making a false statement in this Affidavit is a crime and that I may be prosecuted for committing a Class 3 Felony.**

I also understand that knowingly making false statements on this form may subject me to penalties for criminal contempt of court which may include fines or imprisonment, and that the filing of an affidavit containing false information may result in an order requiring me to re-pay the reasonable value of the services rendered by a court-appointed attorney to the extent such services were unjustly or falsely obtained.

_____
Defendant Signature

Complete all Sections Below:

1. Name: _____ Date of Birth: _____
2. Address: _____ Phone: _____
3. Family:
    a) Marital status: [ ] Single / [ ] Married / [ ] Divorced
    b) Number of children under the age of 18 living with you: _____
    c) Number of children under the age of 18 for whom you pay child support: _____
    d) Total Family Members in your household: _____
4. Employer:
    a) Name of employer: _____
    b) Address of employer: _____
    c) Occupation: _____
    d) Phone number: _____

5. Earnings and Sources of Income (From All Sources):
   a) $ _____ per pay period. I am paid [ ] weekly / [ ] every 2 weeks / [ ] monthly
   b) $ _____ per month from pension, trusts, annuity, SNAP, LINK, workman's compensation, retirement or disability plan, or any similar state, federal, local, or private benefit plan.
   c) $ _____ per month from other sources: _____
      _____
6. Value of Assets:
   a) Current fair market value of home or residence: $_____
   b) Other real estate: $ _____
      Address where located: _____
   c) Vehicle(s): $_____ Make(s): _____ Year(s): _____
   d) Bank accounts: $_____
   e) Cash on hand: $ _____
   f) Total value of all assets (lines a-f): $ _____
7. Liabilities:
   a) Mortgage on home: $ _____ Monthly payment: $ _____
   b) Rent Per Month: $_____
   c) Amount owed on vehicles(s): $_____ Monthly payment: $ _____
   d) Personal debt (such as credit card and medical): $ _____
   e) Other debts: $ _____
   f) Total liabilities and debts (lines a-e): $ _____

---------- **Do Not Write Below This Line** ----------

In reliance of Defendant's statements and representations in this Affidavit regarding his/her employment, earnings, other sources of income and assets, and after reviewing this calendar year's Federal Poverty Guidelines with respect to Defendant's household size and reported income, this Court finds, *at this time*:

[ ] Defendant is not indigent.

[ ] Defendant is indigent. The Office of the Public Defender is appointed to represent the Defendant, subject to possible reimbursement for such representation in accordance with 725 ILCS 5/113-3.1 on the Court's own motion or on motion of the State's Attorney.

Date _____ Judge _____