



# 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

Charges

Last Name

First Name

Middle Initial

Eye Color

Sex

Male  Female

Date of Birth

Social Security Number

Driver's License Number

State

Home Address

City

State

Zip

Home Phone Number

How long at the above address?

Marital Status

Married  Single  Separated  Divorced  Widowed

Number of those you support (children or other family members)

Which income tax returns did you file last year?

Federal  State  None

Have you posted bail for this charge? If yes, name and address of bail bond agency or person who posted bail

Yes  No

Amount Posted

\$

## 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

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

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

**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 _____
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**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 _____	