

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET NO. _____

In Re: _____ FINANCIAL AFFIDAVIT

Name _____ Date of Birth _____ Age _____ Phone # _____
Address _____

I am requesting: court appointed lawyer and/or guardian ad litem waiver of fees and/or all or part of service costs :
Marital Status: single married divorced separated widowed partnered
I live: alone with spouse with parent with children with friend(s) with partner other _____

List the names, ages and relationships of any dependents you support: _____

CASH ASSETS: List all money currently available; include joint as well as individual accounts.

- a. Cash on hand \$ _____
 - b. Checking Account(s) \$ _____
Name of Financial Institution: _____
 - c. Savings Account(s) \$ _____
Name of Financial Institution: _____
 - d. Stocks, bonds, trusts, certificates of deposit, IRA, etc. - (specify):
_____ \$ _____
 - e. Cash posted as bail \$ _____
 - f. Other (Christmas Club, etc.) - (specify): _____ \$ _____
- TOTAL CASH ASSETS:** \$ _____

INCOME:

1. EMPLOYMENT (list employer name, address and telephone number)
 - a. Where do you work? _____
 - b. Length of time employed: _____ full time part time seasonal
 - c. If not currently employed, where and when were you last employed and how do you now pay your bills?

 - d. Do you anticipate other employment or other income within the near future? Yes No
If yes, please explain: _____
2. Do you receive any pay or any kind of compensation for any other work, such as odd jobs that are not included above?
If so, please explain: _____
3. MONTHLY/WEEKLY INCOME
 - a. Salary and Wages (take home pay) \$ _____ (per week month)
 - b. Unemployment \$ _____ (per week month)
 - c. Social Security \$ _____ (per week month)
 - d. TANF payments \$ _____ (per week month)
 - e. Alimony/Child Support \$ _____ (per week month)
 - f. Any income received and not reported above \$ _____ (per week month)
(e.g., veteran's benefits, Workers' Comp., pensions/retirement, National Guard, room rental. Please specify.)

4. ASSETS OF SPOUSE (Include any roommate(s) with whom you share expenses; if you are under 18 years old, include your parent(s) and/or your guardian(s)).
 - a. Name of Person _____
 - b. Relationship to you _____
 - c. Address _____
 - d. Number of this person's dependents _____
 - e. Is this person employed Yes No
 - f. Estimated Monthly/Weekly Income \$ _____ (per week month)
 - g. Is any of this income available to you/used for you? If yes, how much? \$ _____ (per week month)
5. Does anyone owe you any money? Yes No If yes, how much? \$ _____

6. Have you, or has anyone in your household, received, or do you expect to receive, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc? If yes, explain. _____

OTHER ASSETS: Property (owned individually or with others)

- a. Do you own a house or other real estate? Yes. Estimated market value of the property is \$ _____. No. What is the amount of mortgage on the property? \$ _____ Who holds the mortgage? _____
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RV's, motorcycles, ATV's, snowmobiles, etc.) _____ \$ _____. _____ holds the titles to these vehicles, and these vehicles are registered to _____.
- c. List any other personal property (such as TV, stereo, VCR, valuable jewelry, antiques, etc.) having a value of \$50.00 or more. _____
- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. (Specify) _____

EXPENSES:

1. Monthly Living Expenses

- a. Food and other grocery items \$ _____
 - b. Housing (rent/mortgage) \$ _____
 - c. Utilities (e.g. electricity, heat, water, sewer, telephone) \$ _____
 - d. Other (Specify) \$ _____
- TOTAL \$ _____

2. Describe any loan payments or any other payments you make on a regular basis which are not normal living expenses.

Lending Institution	Purpose	Total Amount Owed	Monthly Payment
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. (Specify) _____ and total is \$ _____.

4. Is there any other statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for waiver of fees and/or some/all costs related to service and/or court appointment(s)?

I furnish the above information to support my request for waiver of fees and/or all or part of service costs and/or appointment(s) of counsel and/or guardian ad litem. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that a court investigator may seek to verify my statements. **I also understand that I have a continuing obligation, personally and through counsel, to report to the court any changes in my address, my employment and/or my financial circumstances. And I agree to pay any waived fees and/or service costs if at any time I become financially able to do so, and, further, I agree to pay appointment costs as payments per any Order are due.**

Date: _____

Signature of Party

Then appeared the above-named _____, who, under penalty of perjury, affirmed under oath the truth of the facts in the foregoing affidavit.

Before me,

Dated: _____

Notary Public/Attorney-at-Law

MARP