

## TUCSON CITY COURT

103 E. ALAMEDA STREET P.O. BOX 27210, TUCSON, AZ 85726-7210 (520) 791-4216

You have been appointed an attorney to represent you in your criminal case. The cost for this attorney is \$450.00. You may be eligible for a reduction of this fee based on your financial circumstances. The Court will consider your financial circumstances in deciding how much of the attorney's fees to assess you. You must take the following steps as soon as possible:

- Report to Room 401 (Fourth Floor) of the court, Monday – Friday between the hours of 8:00 AM and 4:30 PM.
- When you report, you must bring the following: 1) Document in which Judge ordered PD screening, 2) Completed Financial Affidavit and 3) as many of the following documents as possible:
  1. Supporting financial information, in the form of:
    - Pay stubs (the most current months' worth) We must go off of income before taxes
    - Bills/Payments in your name and/or in which the address matches what is identified in the Court's case management system
    - Bank Statements reflecting any automatic bills that are paid
    - Tax Returns for the prior year (if you unable to provide pay stubs)
    - Public Assistance Documents such as:
      - Awards letter from DES stating you were approved for Nutritional Assistance
      - Unemployment Benefits
      - Supplemental Security Income (SSI)
      - Temporary Assistant to Needy Families (TANF)
      - General Assistance (GA).
  2. Handwritten documents stating that you pay someone for rent, utilities, phone, etc. *will not be accepted.*
  3. If you do not have proof of income or Public Assistance, only the Judge will be able to reduce your fees.

If you do not report to Room 401 as indicated above, or fail to provide financial documentation, a recommendation will be made that you be assessed \$450.00 for your attorney. The final decision as to your attorney fees will be up to your assigned Judge. The Judge will make the decision based upon the recommendation of court staff reviewing your financial documents. For this reason, it is important to bring as much documentation as possible.

If the Judge ordered you to complete the process by a certain date and it is written on your minute entry, you must complete by that date, otherwise, the standard time is 5 business days after your court date.

STATE OF ARIZONA, Plaintiff  
 -VS-  
 \_\_\_\_\_  
 Defendant (FIRST, MI, LAST)

CASE/COMPLAINT NO.

DEFENDANT'S  
 FINANCIAL  
 STATEMENT  
 (Confidential)

**INSTRUCTIONS TO THE DEFENDANT:** You are to answer the following questions so the Judge can decide the following: 1) whether to appoint an attorney to represent you, 2) if a bond is required, how much it should be, 3) whether to defer or waive fees assessed on your case or 4) any other matter relating to indigence. Use care in filling in your answers. If you need more space for an answer, note such and write on the back of the page. If you knowingly give false or misleading information, you may be punished for contempt of court or subjected to prosecution for fraud or perjury.

1. Full name: \_\_\_\_\_
2. Check the appropriate box:  Single  Married, living w/ spouse  Married but separated  Divorced  
 Widowed  Partnered
3. In addition to yourself, how many other adults do you support? \_\_\_\_\_ How many children? \_\_\_\_\_

**GOVERNMENTAL ASSISTANCE:** If you are a participant in a government assistance program, you are required to provide proof before your financial assessment is completed. The document(s) submitted must show your name as the recipient of the benefit and the name of the agency awarding the benefit. **Note: If you are a participant in one of the programs in section 4 or 5 (below), you do not need to complete the financial questionnaire; however, proceed and complete sections 14, 15, 16 and the signature block on page 3.**

4. I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:  Temporary Assistance to Needy Families (TANF)  
 Food Stamps  
 Legal Aid Services  
 Unemployment benefits  
 General Assistance
5.  I receive government assistance from the federal Supplemental Security Income (SSI) program.

**INCOME:**

6. List below in Column 1 the money that you are paid or receive each month. If you are married and are living with your spouse, list below in Column 2 the money that your spouse is paid or receives each month. If you are separated, divorced, widowed, partnered or single, leave Column 2 blank.

|  | Column 1                         | Column 2                             |
|--|----------------------------------|--------------------------------------|
|  | Amount paid to <b>Me</b> Monthly | Amount paid to <b>Spouse</b> Monthly |
| a. Wages, Salaries, Self Employment Income | \$ _____                         | \$ _____                             |
| b. Payroll deductions                      | \$ _____                         | \$ _____                             |
| c. Unemployment compensation               | \$ _____                         | \$ _____                             |
| d. Welfare benefits                        | \$ _____                         | \$ _____                             |
| e. Disability benefits                     | \$ _____                         | \$ _____                             |
| f. Veteran's benefits                      | \$ _____                         | \$ _____                             |
| g. Social Security benefits                | \$ _____                         | \$ _____                             |

|                                       |          |          |
|---------------------------------------|----------|----------|
| h. Worker's compensation              | \$ _____ | \$ _____ |
| i. Accident benefits                  | \$ _____ | \$ _____ |
| j. Retirement benefits                | \$ _____ | \$ _____ |
| k. Allotment checks                   | \$ _____ | \$ _____ |
| l. Interest                           | \$ _____ | \$ _____ |
| m. Dividends                          | \$ _____ | \$ _____ |
| n. Child support received             | \$ _____ | \$ _____ |
| o. Alimony or maintenance received    | \$ _____ | \$ _____ |
| p. Total of any other income received | \$ _____ | \$ _____ |
| Source: _____                         |          |          |
| <b>TOTAL MONTHLY INCOME:</b>          | \$ _____ | \$ _____ |

**ASSETS:**

7. **Cash:** List below the amounts of cash held or value of:

|  |          |
|--|----------|
| a. Cash on you, your spouse, or in your jail property, and at home | \$ _____ |
| b. Cash in banks, credit unions, and elsewhere                     | \$ _____ |
| c. Cash owed to you or to your spouse by others                    | \$ _____ |
| d. Stocks and bonds; insurance policy cash values                  | \$ _____ |
| e. Beneficial interest in a trust                                  | \$ _____ |

8. **Personal Property:** List below any valuable personal property you own and have not listed above which is not needed by you or your family for day-to-day living.

|                      |          |          |             |
|----------------------|----------|----------|-------------|
| a. Description _____ | \$ _____ | \$ _____ | \$ _____    |
|                      | (value)  | (owed)   | (net value) |
| b. Description _____ | \$ _____ | \$ _____ | \$ _____    |
|                      | (value)  | (owed)   | (net value) |
| c. Description _____ | \$ _____ | \$ _____ | \$ _____    |
|                      | (value)  | (owed)   | (net value) |

9. **Auto:** Complete the following information about any motor vehicles (e.g.: cars, trucks, trailers, boats, airplanes, motorcycles) that you are buying, that you own, or in which you claim to have an interest.

|                               |          |          |             |
|-------------------------------|----------|----------|-------------|
| a. Make, Year and Model _____ | \$ _____ | \$ _____ | \$ _____    |
|                               | (value)  | (owed)   | (net value) |
| b. Make, Year and Model _____ | \$ _____ | \$ _____ | \$ _____    |
|                               | (value)  | (owed)   | (net value) |

10. **Real Estate:** Complete the following information about any real property (your home, other land, or buildings) that you are buying, that you own, or in which you claim to have an interest.

|                   |          |          |             |
|-------------------|----------|----------|-------------|
| a. Location _____ | \$ _____ | \$ _____ | \$ _____    |
|                   | (value)  | (owed)   | (net value) |
| b. Location _____ | \$ _____ | \$ _____ | \$ _____    |
|                   | (value)  | (owed)   | (net value) |

**TOTAL AVAILABLE ASSETS:** \$ \_\_\_\_\_

**EXPENSES:**

11. List below all monthly expenses **not already deducted** from your pay.

|   |          |
|---|----------|
| a. Rent or house payment  | \$ _____ |
| b. Total cost of utilities (water, electric, gas, telephone, trash) | \$ _____ |
| c. Food   | \$ _____ |

- d. Credit card payments \$ \_\_\_\_\_
- e. Installment loan payments \$ \_\_\_\_\_
- f. Charge account payments \$ \_\_\_\_\_
- g. Motor vehicle payments \$ \_\_\_\_\_
- h. Union dues \$ \_\_\_\_\_
- i. Medical care costs (doctors, dentists, medicine) \$ \_\_\_\_\_
- j. Child support and alimony \$ \_\_\_\_\_
- k. Cost of baby-sitter \$ \_\_\_\_\_
- l. Motor vehicle insurance, maintenance and gas \$ \_\_\_\_\_

12. Do you have any expenses (monthly or otherwise) not shown above? If yes, please list below.

- a. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_
- b. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_
- c. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** \$ \_\_\_\_\_

13. Are any of your expenses past due? If yes, please list below.

- a. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_
- b. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_
- c. \_\_\_\_\_ (how often paid) \_\_\_\_\_ (how much) \$ \_\_\_\_\_

14. Do you have an attorney to help you with this case? [ ] Yes [ ] No  
If yes, what is his/her name: \_\_\_\_\_ If no, are you planning to hire your own attorney? [ ] Yes [ ] No

15. Do you want the Court to appoint an attorney (public defender) to help you with this case? [ ] Yes [ ] No  
a. How much can you pay as a down payment for attorney fees? \$ \_\_\_\_\_  
b. How much can you pay each month for attorney fees? \$ \_\_\_\_\_

16. **Oath under penalty of perjury:** I have truthfully and completely given the information in this statement. I have not knowingly concealed, or in any way misrepresented, my financial resources. I am aware that I may be held in contempt of court, or prosecuted for perjury if I have made any false statements or misrepresentation, or concealment, or if I continue to accept the services of a court appointed attorney after my financial condition has materially changed without notifying my court appointed attorney. In any such case, I understand that this application may be used against me.

I hereby make these representations under **PENALTY OF PERJURY:**

Date: \_\_\_\_\_ Defendant Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Social Security No.: \_\_\_\_\_