VS.

# STATE OF LOUISIANA PARISH OF IBERIA CITY OF NEW IBERIA

# STATEMENT OF INABILITY TO AFFORD PAYMENT OF FINES AND COURT COSTS

<b>1. Your Informat</b> My full legal name			My dat	e of birth is//
	First	Middle	Last	Month / Date / Year
My address is: (Hor (Mailing)	ne)			
My phone number:		My email:		·····

# About my dependents: "The people who depend on me financially are listed below"

	Name	Age	Relationship to Me
1			
2			
3			
4.			
5.			
6			

### 2. Are you represented by the Public Defender's Office?

 $\Box$  I am being represented in this case for free by an attorney who works for the Public Defender's Office or who received my case through the Public Defender's Office.

#### -or-

 $\Box$  I asked for a Public Defender to represent me, and the Court determined that I am financially ineligible for representation by the Public Defender's Office.

#### -or-

□ I am not represented by the Public Defender's Office. I did not request their representation.

# 3. Do you receive any public benefits?

□ I do not receive needs-based public benefits. -or-

□ I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)							
Food stamps/SNAP	TANF	Medicaid	CHIP	SSI 🗖 WIC			
Public Housing or Section	ion 8 Housing	Low-Income	Energy Assistance	Emergency Assistance			
Telephone Assistance	Medicare	□ Needs-based	d VA Pension	Child Care Assistance			

Other:
Ouler.

4.	What is your monthly income and income sources? "I get this monthly income:"	
\$_	in monthly wages. I was as a for	
	Your Job Title	Your employer
\$	in monthly unemployment. I have been unemployed since (date)	

<pre>\$ in public benefits per mont</pre>			
		nonth. (List only if other members contribute to your hou	
\$ from  ☐ Retirement/Pens	ion 🔲 Tips	, bonuses 🔲 Disability 🗖 Worker's	Compensation
Social Security	🗖 Milit	tary Housing 🔲 Dividends, interest, roya	alties
🗖 Child/Spousal St	upport		
$\square$ My spouse's income	ome or income	from another member of my household (	if available)
		2)	
§is my total monthly income	•		
5. What is the value of your property	?	6. What are your monthly expense	es?
"My property includes:	Value*	"My monthly expenses are:	Amount
Cash	\$	Rent/house payments/maintenance	\$
Bank Accounts, other financial assets		Food and household supplies	\$
	\$	Utilities and Telephone	\$
	\$	_ Clothing and Laundry	\$
	\$	Medical and Dental Expenses	\$
Vehicles (cars, boats) (make & model)		Insurance (life, health, auto, etc.)	\$
	\$	School and child care	\$
	\$	Transportation, auto repair, gas	\$
	\$	Child/Spousal Support	\$
Other property (like jewelry, stocks,		Wages withheld by court order	\$
land, another house, etc.)		Debt payments paid to: (List)	
	\$	· · ·	\$
	\$		
Total value of property	\$	Total Monthly Expenses:	\$

Total value of property

\*The value is the amount the item would sell for less the amount you still owe on it, if anything.

#### 7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed)

(If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts.") Check here if you attach another page 🔲

# 8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

 $\Box$  I cannot afford to pay the fine and court costs.

I cannot perform community service work in lieu of the fine and court costs

My full legal name is _	My date of birth is	/	 /
My address is			

State	Zip Code	Street	City					
			signed on _	/		/	in New Iberia, Lou	uisiana.