

STATE OF LOUISIANA

VS. _____

STATE OF LOUISIANA

PARISH OF IBERIA

CITY OF NEW IBERIA

STATEMENT OF INABILITY TO AFFORD PAYMENT OF FINES AND COURT COSTS

1. Your Information

My full legal name is _____ . My date of birth is ____ / ____ / ____
First Middle Last Month / Date / Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

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

	<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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

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-

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 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Assistance Medicare Needs-based VA Pension Child Care Assistance
- Other: _____

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) _____.

