

(TYPE OR PRINT IN BLACK INK) In The General Court Of Justice  
 District  Superior Court Division

File No.

STATE OF NORTH CAROLINA  
\_\_\_\_\_ County

Additional File Nos.

Name Of Applicant \_\_\_\_\_  
Street Number And Street Name, Including Apartment Or Unit Number If Applicable \_\_\_\_\_  
City, State And Zip Code \_\_\_\_\_  
Full Permanent Mailing Address Of Applicant (if different than above) \_\_\_\_\_  
Telephone Number Of Applicant \_\_\_\_\_ Date Of Birth \_\_\_\_\_

### AFFIDAVIT OF INDIGENCY

G.S. 7A-450 et seq.

Offense(s)

See Table Of Charges on Side Two.

**Applicant:** Do you have other pending criminal charge(s) in which a lawyer has been appointed?  Yes  No

Name Of Lawyer \_\_\_\_\_

Defendant  Parent/Guardian/Trustee  \_\_\_\_\_

Full Social Security No. Of Applicant

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
 Has No Social Security No.

#### MONTHLY INCOME (money you make)

#### MONTHLY EXPENSES (money you pay out)

Employment - Applicant \$ \_\_\_\_\_  
Name And Address Of Applicant's Employer (If not employed, state reason; if self-employed, state trade) \_\_\_\_\_  
Other Income (Welfare, Food Stamps, S/S, Pensions, etc.) \$ \_\_\_\_\_  
Employment - Spouse \$ \_\_\_\_\_  
Name And Address Of Spouse's Employer \_\_\_\_\_

Number Of Dependents \_\_\_\_\_  
Shelter  Buying  Renting \$ \_\_\_\_\_  
Food (including Food Stamps) \$ \_\_\_\_\_  
Utilities (power, water, heating, phone, cable, etc.) \$ \_\_\_\_\_  
Health Care \$ \_\_\_\_\_  
Installment Payments \$ \_\_\_\_\_  
 Vehicle  Other  
Car Expenses (gas, insurance, etc.) \$ \_\_\_\_\_  
Support Payments \$ \_\_\_\_\_  
Other: (specify) \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

Total Monthly Expenses \$ \_\_\_\_\_

#### DESCRIPTION OF ASSETS AND LIABILITIES

#### ASSETS (things you own)

#### LIABILITIES (amounts you owe)

Cash On Hand And In Bank Accounts (List Name Of Bank & Account No.)	\$ _____	
Money Owed To Or Held For Applicant	\$ _____	
Motor Vehicles (List Make, Model, Year)	\$ _____ (Fair Market Value)	\$ _____ (Balance Due)
Real Estate	\$ _____ (Fair Market Value)	\$ _____ (Balance Due)
Personal Property	\$ _____ (Fair Market Value)	\$ _____ (Balance Due)
Other Debts		\$ _____
Last Income Tax Filed 20 _____ <input type="checkbox"/> Refund <input type="checkbox"/> Owe	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Total Assets And Liabilities</b>	<b>\$ _____</b>	<b>\$ _____</b>

Bond Type \_\_\_\_\_ Amount \$ \_\_\_\_\_ By Whom Posted \_\_\_\_\_

**NOTE:** Read the notice on the reverse side before completing this form.

(Over)

