

AFFIDAVIT of SUBSTANTIAL HARDSHIP and ORDER

Case Number _____

IN THE MUNICIPAL COURT OF HOOVER ALABAMA
(Circuit, District, or Municipal) *(Name of County or Municipality)*

STYLE OF CASE: _____ v. _____
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- CIVIL CASE -- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- CIVIL CASE -- (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- CRIMINAL CASE -- I am financially unable to hire an attorney and request that the Court appoint one for me.
- DELINQUENCY/NEED OF SUPERVISION - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I

AFFIDAVIT

1. IDENTIFICATION

Full Name _____ Date of Birth _____

Spouse's Full Name *(if married)* _____

Complete Home Address _____

Number of People Living in Household _____

Home Telephone No. _____

Occupation/Job _____ Length of Employment _____

Driver's License Number _____ * Social Security Number _____

Employer _____ Employer's Telephone No. _____

Employer's Address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? *(if so, please check those which apply.)*

AFDC Food Stamps SSI Medicaid Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income \$ _____

Spouse's Monthly Gross Income *(unless a marital offense)* _____

Other Earnings: Commissions, Bonuses, Interest Income, etc. _____

Contributions from Other People Living in Household _____

Unemployment/Workmen's Compensation, _____

Social Security, Retirement, etc. _____

Other income *(be specific)* _____

TOTAL MONTHLY GROSS INCOME \$ _____

Monthly Expenses:

A. Living Expenses

Rent Mortgage \$ _____

Total Utilities: Gas, Electricity, Water, etc _____

Food _____

Clothing _____

Health Care/Medical _____

Insurance _____

Car Payment(s)/Transportation Expenses _____

Loan Payment(s) _____

Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s) _____

Educational/Employment Expenses _____

Other Expenses (be specific) _____

Sub-Total A \$ _____

B. Child Support Payment(s)/Alimony \$ _____

Sub-Total B \$ _____

C. Exceptional Expenses \$ _____

TOTAL MONTHLY EXPENSES (add subtotals form A & B monthly only) \$ _____

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME \$ _____

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ _____

Equity in Real Estate (value of property less what you owe) _____

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe) _____

Other (be specific) Do you own anything else of value? Yes No
(land, house boat, TV, stereo, jewelry) _____

If so, describe _____

TOTAL LIQUID ASSETS \$ _____

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this _____

day of _____, _____.

Affiant's Signature

Judge/Clerk/Notary

Print or Type Name

SECTION II

ORDER OF COURT

IT IS THEREFORE, ORDERED AND AJUDGED BY THIS COURT AS FOLLOWS:

Affiant is not indigent and request is DENIED.

Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____

Affiant is indigent and request is GRANTED.

The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses approved by the Court and paid to the appointed counsel and costs of court.

Done this _____ day of _____, _____

Judge