

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

FINANCIAL DECLARATION

CASE # AND NAME: _____

NAME: _____

PHONE #: _____

ADDRESS: _____

MARITAL STATUS:
Single Married Divorced

NUMBER OF DEPENDENTS: _____

WARNING: The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

ASSETS

I. INCOME

PRESENT EMPLOYER'S NAME: _____

ADDRESS: _____

MONTHLY WAGES: Gross _____ Net _____

IF NOT CURRENTLY EMPLOYED:

NAME OF YOUR PRIOR EMPLOYER: _____

MONTH and YEAR YOU WERE LAST EMPLOYED: _____

MONTHLY EARNINGS OF LAST EMPLOYMENT: _____

SPOUSE'S EMPLOYER: _____

MONTHLY WAGES: Gross _____ Net _____

OTHER INCOME:

WELFARE: _____ SOCIAL SECURITY (Amount Rec'd): _____

PENSION: _____ OTHER: _____

II. PROPERTY

REAL ESTATE	VALUE	MORTGAGE AMOUNT	NET EQUITY
1. HOME	_____	_____	_____
2. OTHER	_____	_____	_____

VEHICLES	VALUE	OWED	NET
1. _____	_____	_____	_____
2. _____	_____	_____	_____

(COMPLETE REVERSE SIDE)

III. OTHER ASSETS

- | | |
|------------------------------|------------------|
| 1. CASH ON HAND _____ | 6. JEWELRY _____ |
| 2. CHECKING ACCOUNT _____ | 7. STOCKS _____ |
| 3. SAVINGS ACCOUNT _____ | 8. BONDS _____ |
| 4. CREDIT UNION _____ | 9. OTHER _____ |
| 5. ACCOUNTS RECEIVABLE _____ | |

LIABILITIES

I. REAL ESTATE

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

II. MOTOR VEHICLES

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

III. GENERAL DEBTS

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

IV. HOUSEHOLD EXPENSES

- | | |
|------------------------|-------------------------|
| 1. RENT _____ | 7. TRANSPORTATION _____ |
| 2. UTILITIES _____ | 8. CLOTHES _____ |
| 3. TELEPHONE _____ | 9. MEDICAL/DENTAL _____ |
| 4. GROCERIES _____ | 10. TAXES _____ |
| 5. CHILD SUPPORT _____ | 11. INSURANCE _____ |
| 6. ALIMONY _____ | 12. OTHER _____ |

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE