

AFFIDAVIT OF INDIGENCE

In the Municipal Court of the City of _____, Mississippi

CITY OF _____

Case No. _____

V.

_____,
Defendant

SECTION I. – IDENTIFICATION

Name – Last, First, Middle		Date of Birth	Spouse Full Name (if married)	
Home Address		City	State	Zip
Telephone Number	Driver's License Number		Social Security Number	
Number of People in Household	Employer		Occupation	
Employer Telephone Number	Employer Address			Length of Employment

SECTION II. – ASSISTANCE BENEFITS

Do you, or anyone in your household, receive any public assistant benefits? Yes No

SECTION III. – INCOME/EXPENSE STATEMENT

MONTHLY GROSS INCOME	AMOUNT
Monthly Gross Income (before taxes)	\$ _____
Other Earnings (Bonuses, Interest, etc.)	\$ _____
Unemployment, Worker's Comp, Social Security, Retirement	\$ _____
TOTAL MONTHLY INCOME	\$ _____

MONTHLY EXPENSES	AMOUNT
Rent/Mortgage	\$ _____
Total Utilities: Gas, Electric, Water, etc.	\$ _____
Food	\$ _____
Cell Phone	\$ _____
Health Care/Medical	\$ _____
Other	\$ _____
Child Support/Alimony Payments	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

FOR COURT USE ONLY

INCOME: \$ _____

EXPENSES: \$ _____

DISPOSABLE INCOME: \$ _____

SECTION V. – AFFIDAVIT

I verify, under penalty of perjury, that the statements made in this affidavit are true and correct. I understand the Court and/or the Office of the Public Defender may require verification of the information provided above. I agree to report any change(s) in my financial status to the Court.

I also understand and agree that the Court may mail important notices to me at the address I provided above and that I have a duty to inform the Court and the Office of the Public Defender of any change in my address. Failure to do so could result in my failure to receive important notices and lead to the issuance of a warrant for my arrest.

→ _____
DEFENDANT (Your Signature)

Date