

CAPITOL COMPLEX IMPROVEMENT DISTRICT COURT
JACKSON, MISSISSIPPI

CAPITOL COMPLEX IMPROVEMENT DISTRICT versus
_____, Defendant

Case # _____
Docket # _____

AFFIDAVIT OF SUBSTANTIAL FINANCIAL HARDSHIP

I. GENERAL INFORMATION

Full name: _____.
Date of birth: _____.
Mailing address: _____.
Physical address, if different from mailing address: _____.
Last four digits of SSN: _____.
Driver's license number: _____.
Telephone number(s): _____.
Email address: _____.
Number and ages of dependents: _____.
Are you currently employed? Yes No
If yes, then provide the following information:
Employer: _____.
Business address and telephone number: _____.
Job title or description: _____.

II. MONTHLY NET INCOME

Net employment income (amount you take home after taxes): \$ _____.
Retirement income: \$ _____.
Social security income: \$ _____.
Unemployment benefits: \$ _____.
Workers' compensation: \$ _____.
Other monthly income: \$ _____.
(Specify: _____.)
Total Monthly Net Income \$ _____.

III. MONTHLY EXPENSES

Child support: \$ _____.
Alimony payments: \$ _____.
Rent or mortgage: \$ _____.
Utilities (e.g., gas, electricity, water, etc.): \$ _____.
Food: \$ _____.
Clothing: \$ _____.
Health care and medical expenses: \$ _____.
Vehicle payments or transportation expenses: \$ _____.
Minimum loan payments: \$ _____.
Minimum credit card payments: \$ _____.
Educational or employment expenses: \$ _____.

Legal financial obligations owed to the court or another court: \$ _____.
Other basic monthly living expenses: \$ _____.
(Specify: _____.)
Total Monthly Expenses: \$ _____.

IV. DISPOSABLE MONTHLY INCOME

(Total Monthly Net Income) minus (Total Monthly Expenses) = Disposable Monthly Income
Disposable Monthly Income: \$ _____.

V. CASH AND VALUABLE ASSETS

Cash on hand and monies in a bank checking or savings account: \$ _____.
Stocks, bonds, and certificates of deposit: \$ _____.
Equity in real estate (value of property less what you owe): \$ _____.
Valuable personal property: (Specify: _____.)
_____.)
Other valuable assets that you own: (Specify: _____.)
_____.)

Total Cash and Valuable Assets: \$ _____.

VI. FINANCIAL PUBLIC ASSISTANCE

Check the box(es) for which you, or members of your household, receive financial public assistance:

- Aid to Families with Dependent Children (AFDC)
- Supplemental Nutrition Assistance Program (SNAP) (e.g., food stamps)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- VA Disability Compensation
- Medicaid
- Other: _____.

VII. ACKNOWLEDGMENT

My statements in this affidavit are true and accurate. I understand that any willful false statement contained herein may subject me to penalties of perjury under section 97-9-61 of the Mississippi Code. Further, I will inform the court if my income or financial status changes while this case is ongoing by personally reporting to the Clerk of this Court that my case be placed on the docket for reconsideration of the terms of my sentence.

DEFENDANT

Sworn to and subscribed before me this the ____ day of _____, 2025.

CCID COURT CLERK