

STATE OF MAINE

_____ COUNTY PROBATE COURT DOCKET _____

In re: _____

**AFFIDAVIT OF
FINANCIAL CONDITION
(PERSONAL AND CONFIDENTIAL)**

I, _____, residing at _____
_____, duly sworn, depose and say:

I was born on: _____ Age: _____

I am requesting a: court-appointed lawyer for _____
 waiver of fees and charges
 in the following probate case: _____

Marital Status: single married divorced separated widowed

I live: alone with spouse with parent with children
 with friend(s) with domestic partner
 other (list who) _____

Telephone No.: _____

List the names, ages and relationships of any dependents you support: _____

CASH ASSETS:

AVAILABLE MONEY (List all money currently available; include joint as well as individual accounts):

- | | |
|--|----------|
| a. Cash on hand | \$ _____ |
| b. Checking account(s)
(Name of financial institution/s): _____ | \$ _____ |
| c. Savings account
(Name of financial institution/s): _____ | \$ _____ |
| d. Stocks, bonds, trust, certificates of deposit, IRAs, etc.
Description: _____ (value) | \$ _____ |
| e. Cash posted as bail | \$ _____ |
| f. Other (Christmas Club, etc.)
Description: _____ | \$ _____ |
| Total Cash Assets: | \$ _____ |

INCOME:

1. EMPLOYMENT (List employer name, address and telephone number.)
 - a. Where do you work? _____
 - b. Length of time employed: _____ full-time part-time seasonal
 - c. If not currently employed, where and when were you last employed? _____

 - d. Do you anticipate other employment or other income within the near future? yes no
If yes, please explain: _____

2. Do you receive any pay or any other kind of compensation for any other work you perform that is not included above? If so, please explain: _____

3. MONTHLY/WEEKLY INCOME
 - a. Salary and wages (take-home pay) \$ _____ (per week month)
 - b. Unemployment \$ _____ (per week month)
 - c. Social Security \$ _____ (per week month)
 - d. TANF payments \$ _____ (per week month)
 - e. Alimony/child support \$ _____ (per week month)
 - f. Any income received and not \$ _____ (per week month)
reported above (e.g., veteran's benefits, workers' comp., pensions/retirement, National
Guard, room rental. Please specify.) _____

4. ASSETS OF SPOUSE (Include roommate or domestic partner with whom you share expenses; if you are under 18 years old, include your parent.)
 - a. Name of person: _____
 - b. Relationship to you: _____
 - c. Address: _____
 - d. Number of person's dependents: _____
 - e. Is this person employed? yes no
If yes, where? _____
 - f. Estimated monthly/weekly income \$ _____ (per week month)
 - g. Is any of this income available to you/used for you? If so, how much? _____
_____ (per week month)

5. Does anyone owe you any money? yes no If yes, how much? _____

6. Have you, or has anyone in your household, received *or do you expect to receive*, any payments such as retroactive government benefits, tax refunds, pay raises, law suit settlements, etc.? If yes, please explain: _____

OTHER ASSETS: Property (owned individually or with others)

- a. Do you own a house or other real estate? yes no
 If yes, what is the estimated market value of the property? \$ _____
 What is the amount of any mortgage on the property? \$ _____
 Who holds the mortgage? _____
- b. List make, model, year and value of all motor vehicles you have (automobiles, trucks, RVs, motorcycles, ATVs, snowmobiles, etc.) _____

 Who holds the title to these vehicles? _____

 To whom are the vehicles registered? _____

- c. List any other personal property (such as TV, stereo, valuable jewelry, antiques, etc.) having a value of \$100.00 or more. _____

- d. Cash value of insurance policies, pension, retirement or profit sharing, etc. Specify. _____

EXPENSES:

1. Monthly Living Expenses:
- | | |
|---|-----------------|
| a. Food and other grocery items | \$ _____ |
| b. Housing (rent/mortgage) | \$ _____ |
| c. Utilities (e.g., electricity, heat, water, sewer, telephone) | \$ _____ |
| d. Other (specify): _____ | \$ _____ |
| _____ | |
| TOTAL | \$ _____ |

2. Describe any loan payments or any other payments you make on a regular basis which are not typical living expenses:

<u>Lending Institution</u>	<u>Purpose</u>	<u>Total Amount Owed</u>	<u>Monthly Payment</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL		\$ _____	\$ _____

3. Describe any regular payments you make for medical care, alimony/child support, child care, etc. Specify: _____

4. Is there another statement you wish to make about your financial condition that may be helpful in evaluating if you qualify for court appointed legal assistance? _____

I acknowledge that disclosure of my Social Security number pursuant to 36 M.R.S. § 5276-A is at the discretion of the Court, and will furnish it to the Register of Probate if asked to do so. My Social Security number may be used to facilitate the collection of money that I may owe the State of Maine and/or the County of _____ as a result of having had an attorney appointed to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

I furnish the above information to support my request for appointment of counsel to represent me with regard to the pending matter. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution, and that the Register of Probate or his/her designee may seek to verify my statements; I also understand that I have a continuing obligation, personally and through counsel, to report to the Probate Court any changes in my employment or other financial circumstances.

I now grant express permission for the Register of Probate or his/her designee to review any records necessary to waive this determination.

Signature of Affiant

Date

FOR NOTARY PUBLIC

Personally appeared the above named _____ and made oath that the foregoing is true to the best of (his)(her) knowledge, information, and belief and to the extent it is based upon (his)(her) information and belief that (he)(she) believes the same to be true.

Notary Public * Justice * Judge * Register

Date

Based on review of the Affiant's financial circumstances, including an interview of the party, I make the following recommendation:

Eligible Not Eligible Partially Eligible \$ _____

RECOMMENDATION:

Date: _____

Judge/Register of Probate

MARP