

MCFARLAND MUNICIPAL COURT INDIGENCY EVALUATION FORM

Defendant's Name _____ Date of Birth _____

Address _____

Marital Status _____ Number of Dependents _____

Number of Person Living in the Household _____ Social Security No. # _____

Defendant's Employment Status _____ Spouse's Employment Status _____

Name and Address of Employer _____

Length of Time Employed Here _____

(If less than 6 months list previous employer) _____

List Dates of Employment Since Date of Conviction _____

Wage Per Hour _____ No. of Hours Per Week _____ Salary (If Applicable) _____

SUPPLEMENTAL INCOME INFORMATION

Workers Compensation _____ GA _____ AFDC _____ SSI(D) _____

Any Other Source of Income Not Specifically Requested, List Here _____

ASSETS

Checking Account _____ Saving Account _____ Trust Accounts _____

Cash _____ Life Insurance _____ Money Owed To You _____

NON-LIQUID ASSETS

House (Value) _____ Automobile (Value) _____ Personal Property _____

EXPENSES (Monthly)

Mortgage or Rent _____ Credit Cards _____ Utilities _____ Groceries _____

Outstanding Fines _____ Child Support _____ Medical Bills _____ Insurance _____

Auto Payments _____ Any Other Expenses you Wish to Have Considered _____

Note: You must be able to verify the information requested on this form. Bring any documentation necessary to substantiate your financial responses.

THIS FORM MUST BE FILLED OUT PRIOR TO COURT AND PRESENTED TO THE CLERK ON THE DATE OF YOUR SCHEDULED APPEARANCE