

KNOX COUNTY CRIMINAL COURT
COMMUNITY SERVICE PROGRAM AFFIDAVIT OF INDIGENCE
KNOXVILLE, TENNESSEE

STATE OF TENNESSEE
vs.

CASE/DOCKET NO. _____

DEFENDENT

Comes the defendant and, subject to the penalty of perjury, makes oath of the following facts (Please list, circle, complete, etc.)

1. Full Name: _____
2. List any other names ever used: _____
3. Birthdate: _____ Gender: Male Female
4. Address: _____
5. Telephone No(s): (Home) _____ (Work) _____ (Mobile) _____
6. Are you currently employed? Yes No If yes, Where? _____
7. How much money do you make? \$ _____ Per hour/day/week/month/year **(circle one)**
8. Do you have any income other than the income listed above? Yes No
If yes, list the total amount: \$ _____ **(weekly, monthly, etc.)**
List Source of Income(s): _____

Remember, possible sources include, but are not limited to the following: interest, gifts, AFCD, SSI, social security, retirement, disability, pension, unemployment, alimony, and workers' compensation.

9. Do you hold a HMIS (Homeless Management Information System) Card? Yes No
10. What is your total income after taxes \$ _____
11. Your last income tax return filed was in the year _____
Can you provide your last filed federal income tax return? Yes No
Your last return reflected an **adjust gross income** of \$ _____
12. If you are unable to provide you last federal income return filed, can you provide the last paystub you received? Yes No
13. Do you own property? Yes No
List all vehicles/vessels/real estate owned by me, solely or jointly, including, but not limited to: cars, trucks, motorcycles, farm equipment, boats, land, lots, houses, mobile homes, etc.
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Description: _____ Value \$ _____ Owned Amt. Owed: _____
Other property valued over \$1,000: _____

13. All money available to me from any source:
Cash: _____
Checking, Saving, or CD Account(s) Balance: _____
Debts owed to me: _____

Credit Card(s) (Visa/MasterCard/American Express/Other):

Account Number: _____	Balance: _____	Credit Limit: _____
Account Number: _____	Balance: _____	Credit Limit: _____
Account Number: _____	Balance: _____	Credit Limit: _____
Account Number: _____	Balance: _____	Credit Limit: _____
Account Number: _____	Balance: _____	Credit Limit: _____

14. Number of persons in your family/household: _____

15. Name and ages of all dependents: _____

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

16. My expenses are:

Rent/House Payment \$ _____ per month	Groceries \$ _____ per month
Electricity \$ _____ per month	School Supplies \$ _____ per month
Water \$ _____ per month	Clothing \$ _____ per month
Gas \$ _____ per month	Medical & Dental \$ _____ per month
Transportation \$ _____ per month	Telephone \$ _____ per month
Court Ordered Child Support: \$ _____ per month	Child Care \$ _____ per month
	Other \$ _____ per month

17. Which legal representation listed below was used for your most recent offense?

Pro se (Represented Self) Court Appointed Attorney Paid for Attorney

18. Do you have any construction, carpentry or specific trade skills? Yes No

If yes, please describe: _____

19. Are you physically able to lift a minimum of 25 lbs.? Yes No

Acknowledging that I am still under oath, I certify I completed the above Affidavit truthfully, listing all assets in which I hold or expect to hold any legal or equitable interest.

I am financially unable to pay all fines and court costs.

I understand that it is a Class A Misdemeanor for which I can be sentenced to jail for up to 11 months and 29 days or be fined up to \$2500.00 or both if I intentionally or knowingly misrepresent, falsify, or withhold any information required in the affidavit. I also understand that I may be required by the Court to produce other information in support of my request to participate in the Knox County Court Community Service Program.

This _____ day of _____, 20____. _____

APPLICANT

Sworn to and subscribed before me. This _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

Reserved for Notary Seal