

**INDIGENCY HEARING QUESTIONNAIRE**

(Please Complete and Bring With You to Court)

**PERSONAL INFORMATION:**

1. Name: «FName» «MName» «LName» «Name Suffi»
2. Address: \_\_\_\_\_
3. City, State Zip: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
5. Date of Birth: «DOB» Age: \_\_\_\_\_
6. Social Security No. \_\_\_\_\_
7. Driver's License No. / ID No. \_\_\_\_\_
8. Spouse's Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
9. Name, address, telephone number of 2 relative not living with you:  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

1. Where do you work? \_\_\_\_\_
2. Work Phone No. \_\_\_\_\_
3. Name of Your Immediate Supervisor: \_\_\_\_\_
4. How long have you worked for this company? \_\_\_\_\_
5. If you are not working, why not? \_\_\_\_\_
6. Are you paid (weekly) (bi-weekly) (monthly)? (Circle One)
7. Where does your spouse work? \_\_\_\_\_
8. How long? \_\_\_\_\_ What does he/she do? \_\_\_\_\_  
Is he/she paid (weekly) (bi-weekly) (monthly)? (Circle One)
9. Do any of your children living with you work? \_\_\_\_\_  
If so, where: \_\_\_\_\_

**INCOME:**

1. Your Total Income (monthly): \_\_\_\_\_
2. Spouse's Total Income(monthly): \_\_\_\_\_
3. Insurance Proceeds: \_\_\_\_\_
4. AFDC: \_\_\_\_\_
5. Food Stamps: \_\_\_\_\_
6. Other Assistance from: \_\_\_\_\_
7. Scholarships: \_\_\_\_\_
8. School Financial Aid: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

I hereby certify that all statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date