

# AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Case Number

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, ALABAMA  
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: \_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: \_\_\_\_\_ CHARGE(s) (if applicable): \_\_\_\_\_

- CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.
- CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.
- DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

## AFFIDAVIT

### SECTION 1.

#### 1. IDENTIFICATION

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's full name (if married) \_\_\_\_\_  
 Complete home address \_\_\_\_\_  
 \_\_\_\_\_  
 Number of people living in household \_\_\_\_\_  
 Home telephone number \_\_\_\_\_  
 Occupation/Job \_\_\_\_\_ Length of employment \_\_\_\_\_  
 Driver's license number \_\_\_\_\_ \*Social Security Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer's telephone number \_\_\_\_\_  
 Employer's address \_\_\_\_\_  
 \_\_\_\_\_

#### 2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply)

- AFDC     Food Stamps     SSI     Medicaid     Other \_\_\_\_\_

#### 3. INCOME/EXPENSE STATEMENT

##### Monthly Gross Income:

Monthly Gross Income \$ \_\_\_\_\_  
 Spouse's Monthly Gross Income (unless a marital offense) \_\_\_\_\_  
 Other Earnings: Commissions, Bonuses, Interest Income, etc, \_\_\_\_\_  
 Contributions from Other People Living in Household \_\_\_\_\_  
 Unemployment/Workmen's Compensation, \_\_\_\_\_  
 Social Security, Retirements, etc, \_\_\_\_\_  
 Other Income (be specific) \_\_\_\_\_

TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

##### Monthly Expenses:

A. Living Expenses \$ \_\_\_\_\_  
 Rent/Mortgage \_\_\_\_\_  
 Total Utilities: Gas, Electricity, Water, etc \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Health Care/Medical \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Car Payment(s)/Transportation Expenses \_\_\_\_\_  
 Loan Payment(s) \_\_\_\_\_

\*OPTIONAL

**AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER**

Monthly Expenses:(cont'd page1)

Credit Card Payment(s) \_\_\_\_\_  
 Educational/Employment Expenses \_\_\_\_\_  
 Other Expenses (be specific) \_\_\_\_\_

**Sub-Total** A \$ \_\_\_\_\_

B. Child Support Payment(s)/Alimony \$ \_\_\_\_\_

**Sub-Total** B \$ \_\_\_\_\_

C. Exceptional Expenses \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)** \$ \_\_\_\_\_

**Total Gross Monthly Income Less total monthly expenses:**

**DISPOSABLE MONTHLY INCOME** \$ \_\_\_\_\_

**4. LIQUID ASSETS:**

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ \_\_\_\_\_  
 Equity in Real Estate (value of property less what you owe) \_\_\_\_\_  
 Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe) \_\_\_\_\_  
 Other (be specific) \_\_\_\_\_  
 Do you own anything else of value?  Yes  No  
 (land, house, boat, TV, stereo, jewelry) \_\_\_\_\_  
 If so, describe \_\_\_\_\_

**TOTAL LIQUID ASSETS** \$ \_\_\_\_\_

**5. Affidavit/Request**

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel,

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Affiant's Signature

\_\_\_\_\_  
 Judge/Clerk/Notary

\_\_\_\_\_  
 Print or Type Name

**ORDER OF COURT**

**SECTION II**

IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:

- Affiant is not indigent and request is DENIED.
- Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ \_\_\_\_\_ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: \_\_\_\_\_
- Affiant is indigent and request is GRANTED.
- The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that \_\_\_\_\_ is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Judge

### AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Case Number \_\_\_\_\_

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, ALABAMA  
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: \_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: \_\_\_\_\_ CHARGE(s) (if applicable): \_\_\_\_\_

- CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) – I am financially unable to hire an attorney and I request that the court appoint one for me.
- CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.
- DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me

#### AFFIDAVIT

##### SECTION 1.

##### 1. IDENTIFICATION

Full name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Spouse's full name (if married) \_\_\_\_\_  
 Complete home address \_\_\_\_\_  
 \_\_\_\_\_  
 Number of people living in household \_\_\_\_\_  
 Home telephone number \_\_\_\_\_  
 Occupation/Job \_\_\_\_\_ Length of employment \_\_\_\_\_  
 Driver's license number \_\_\_\_\_ \*Social Security Number \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer's telephone number \_\_\_\_\_  
 Employer's address \_\_\_\_\_  
 \_\_\_\_\_

##### 2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply)

AFDC       Food Stamps       SSI       Medicaid       Other \_\_\_\_\_

##### 3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income	\$ _____
Spouse's Monthly Gross Income (unless a martial offense)	_____
Other Earnings: Commissions, Bonuses, Interest Income, etc,	_____
Contributions from Other People Living in Household	_____
Unemployment/Workmen's Compensation,	_____
Social Security, Retirements, etc,	_____
Other Income (be specific) _____	_____

TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

Monthly Expenses:

A. Living Expenses	\$ _____
Rent/Mortgage	_____
Total Utilities: Gas, Electricity, Water, etc	_____
Food	_____
Clothing	_____
Health Care/Medical	_____
Insurance	_____
Car Payment(s)/Transportation Expenses	_____
Loan Payment(s)	_____

\*OPTIONAL

## AFFIDAVIT OF SUBSTANTIAL HARDSHIP

Monthly Expenses:(cont'd page1)

Credit Card Payment(s)	_____
Educational/Employment Expenses	_____
Other Expenses (be specific) _____	_____

**Sub-Total** A \$ \_\_\_\_\_

B. Child Support Payment(s)/Alimony \$ \_\_\_\_\_

**Sub-Total** B \$ \_\_\_\_\_

C. Exceptional Expenses \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)** \$ \_\_\_\_\_

**Total Gross Monthly Income Less total monthly expenses:**

**DISPOSABLE MONTHLY INCOME** \$ \_\_\_\_\_

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)	\$ _____
Equity in Real Estate (value of property less what you owe)	_____
Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)	_____
Other (be specific)	_____
Do you own anything else of value? <input type="checkbox"/> Yes <input type="checkbox"/> No (land, house, boat, TV, stereo, jewelry)	_____
If so, describe _____	_____

**TOTAL LIQUID ASSETS** \$ \_\_\_\_\_

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury, I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel,

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk/Notary

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Print or Type Name

# ORDER APPOINTING COUNSEL (INDIGENT)

Case Number

IN THE \_\_\_\_\_ COURT OF \_\_\_\_\_, ALABAMA  
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: \_\_\_\_\_ v. \_\_\_\_\_  
Plaintiff(s) Defendant

STATE OF ALABAMA

Municipality of \_\_\_\_\_ v. \_\_\_\_\_  
Defendant

IN THE MATTER OF \_\_\_\_\_, a child

**IT IS, THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:**

- Affiant is not indigent and request is DENIED.
- Affiant is partially indigent and able to contribute monetarily towards his defense; therefore, defendant is ordered to pay \$\_\_\_\_\_ toward the anticipated cost of appointed counsel. This amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows:  
\_\_\_\_\_  
\_\_\_\_\_

Affiant is indigent and request is GRANTED.

The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that \_\_\_\_\_,  
is hereby appointed as counsel to represent affiant. (Name of Attorney)

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Judge