

UNITED STATES DISTRICT COURT
DISTRICT OF NEW HAMPSHIRE

FINANCIAL DECLARATION

CASE # AND NAME: _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____ **MARRIED:** YES [] NO []

NUMBER OF DEPENDENTS: _____

WARNING: The information you provide in order to obtain court-appointed representation is subject to the following limitations:

- (1) The attorney/client privilege may not apply;
- (2) The information is subject to being filed with the Court for future examination by the United States Attorney;
- (3) A false or dishonest answer could be punished as a crime; and
- (4) The form must be signed under penalty of perjury.

ASSETS

I. INCOME

EMPLOYER'S NAME: _____

MONTHLY WAGES: Gross _____ Net _____

WELFARE: _____ **SOCIAL SECURITY (Amount Rec'd):** _____

PENSION: _____ **OTHER:** _____

SPOUSE'S EMPLOYER: _____

MONTHLY WAGES: Gross _____ Net _____

WELFARE: _____ **SOCIAL SECURITY (Amount Rec'd):** _____

PENSION: _____ **OTHER:** _____

II. PROPERTY

REAL ESTATE	VALUE	MORTGAGE	NET
1. HOME	_____	_____	_____
2. OTHER	_____	_____	_____
3. OTHER	_____	_____	_____

VEHICLES	VALUE	OWED	NET
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

III. OTHER ASSETS

1. CASH ON HAND	_____	6. JEWELRY	_____
2. CHECKING ACCOUNT	_____	7. STOCKS	_____
3. SAVINGS ACCOUNT	_____	8. BONDS	_____
4. CREDIT UNION	_____	9. OTHER	_____
5. ACCOUNTS RECEIVABLE	_____		

(COMPLETE REVERSE SIDE)

LIABILITIES

I. REAL ESTATE

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

II. MOTOR VEHICLES

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

III. GENERAL DEBTS

LENDER	TOTAL OWED	MONTHLY PAYMENTS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

IV. HOUSEHOLD EXPENSES

1. TELEPHONE	_____	8. GROCERIES	_____
2. UTILITIES	_____	9. MEDICAL/DENTAL	_____
3. CHILD SUPPORT	_____	10. SCHOOL	_____
4. ALIMONY	_____	11. CHURCH	_____
5. CLOTHES	_____	12. TAXES	_____
6. TRANSPORTATION	_____	13. RENT	_____
7. INSURANCE	_____	14. OTHER	_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE

SIGNATURE

REQUEST APPROVED: ()

REQUEST DISAPPROVED: ()

Date: _____

United States Magistrate Judge
United States District Judge