

**AFFIDAVIT OF SUBSTANTIAL  
HARDSHIP AND ORDER**  
**(Request for Court-Appointed Attorney and/or  
Waiver of Fees)**

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

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

STATE OF ALABAMA

MUNICIPALITY OF \_\_\_\_\_ v. \_\_\_\_\_, Defendant

I, because of financial hardship, am unable to hire an attorney and request that the court appoint one for me.

I, because of financial hardship, am unable to pay for ignition interlock device fees in this case and request that these fees be waived.

I, because of financial hardship, am unable to pay the expungement petition administrative filing fee and request a payment plan for this fee.

**AFFIDAVIT**

1. IDENTIFICATION

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Full Name (if married) \_\_\_\_\_

Complete Home Address \_\_\_\_\_

Total Number of People I am Supporting Financially in Household Including Myself \_\_\_\_\_

Telephone Number (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

State & Last 4 Digits of Driver License's Number \_\_\_\_\_ Last 4 Digits of Social Security Number \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_ Employer's Telephone Number \_\_\_\_\_

2. ASSISTANCE BENEFITS

Some of the residents in my household or I receive benefits from any of the following sources (*check those which apply*)

Temporary Assistance for Needy Families (TANF)      Food Stamps      Medicaid

Social Security Income (SSI)      Disability      Other: \_\_\_\_\_

The monthly value of these benefits combined is \$ \_\_\_\_\_.

3. INCOME/EXPENSE  
STATEMENT

Monthly Gross Income:

My monthly gross income is \$ \_\_\_\_\_

My spouse's monthly gross income (unless a marital offense) is \$ \_\_\_\_\_

My other monthly earnings (commissions, bonuses, interest income, etc.) are \$ \_\_\_\_\_

The combined monthly income received by other members of my household is \$ \_\_\_\_\_

Monthly Unemployment / Worker's Compensation, Social Security, Retirements, etc. \$ \_\_\_\_\_

Child Support Payment(s)/Alimony Received \$ \_\_\_\_\_

Other Monthly Income (*be specific*): \_\_\_\_\_ \$ \_\_\_\_\_

3a. TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

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The monthly expenses I pay are:

Rent/Mortgage	\$ _____
Total Utilities: Gas, Electricity, Water, etc.	\$ _____
Food	\$ _____
Clothing	\$ _____
Health Care/Medical Insurance	\$ _____
Car Payment(s)/Transportation Expenses	\$ _____
Loan Payment(s)	\$ _____
Credit Card Payment(s)	\$ _____
Educational/Employment Expenses	\$ _____
Cell Phone Expenses	\$ _____
Other Expenses ( <i>be specific</i> ): _____	\$ _____

**3b. Subtotal** \$ \_\_\_\_\_

3c. Child Support Payment(s)/Alimony (Subtotal) \$ \_\_\_\_\_

3d. Exceptional Expenses (Subtotal) \$ \_\_\_\_\_

**3e. TOTAL MONTHLY EXPENSES (Add totals from 3b, 3c., & 3d. monthly only)** \$ \_\_\_\_\_

**Total Monthly Gross Income (3a.) minus Total Monthly Expenses (3e.)** \$ \_\_\_\_\_

4. Assets

My assets are as follows:

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, TV, electronics, 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 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 provided 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, in addition to all or part of the costs associated with this case.

Sworn to and subscribed before me this

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

\_\_\_\_\_  
(Judge/Clerk/Notary)

\_\_\_\_\_  
(Affiant's Signature)

\_\_\_\_\_  
(Print or Type Name)

**ORDER ON AFFIDAVIT OF  
SUBSTANTIAL HARDSHIP  
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STATE OF ALABAMA

MUNICIPALITY OF \_\_\_\_\_ v. \_\_\_\_\_, Defendant

The Court has considered the Affiant's testimony, his or her poverty level as measured by the United States poverty guidelines and the potential for substantial hardship that payment by the Affiant would cause. IT IS, THEREFORE, ORDERED AND ADJUDGED BY THE COURT AS FOLLOWS:

**The request is DENIED.**

- The Court finds that the Affiant is **NOT INDIGENT** pursuant to § 15-12-1, et seq., Ala. Code 1975.
- The case or situation is not one for which the request is applicable.
- Other (please specify): \_\_\_\_\_

**The Affiant is INDIGENT.** Further, affiant has the following income level based on the United States poverty guidelines: at or below 125%; or greater than 125% but less than 200%. However, the Court finds that not providing indigent defense services would cause the Affiant substantial hardship; or greater than 200%. However, the Affiant is charged with a felony, and the Court finds that not providing indigent defense services would cause the Affiant substantial hardship.

The following **fees shall be assessed as follows:**

- Ignition interlock** device fees are waived.
- Payment of Expungement filing fees shall be waived and assessed at the conclusion of the case.**
- Other (please specify): \_\_\_\_\_

**The request for appointment of counsel is GRANTED**, and \_\_\_\_\_ is hereby appointed as counsel for the Defendant.

**The Affiant is** able to contribute monetarily toward payment of the fees of his or her appointed counsel and/or the fees and costs of this case. Therefore, the Affiant is **ordered to pay \$** \_\_\_\_\_ to the clerk of court for his or her appointed attorney and \$ \_\_\_\_\_ toward his or her fees and costs. Said fees and costs shall be due as follows: \$ \_\_\_\_\_ monthly.

Other (please specify): \_\_\_\_\_

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and other expenses, fees, and costs.

Done this \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of \_\_\_\_\_, Judge)  
(Printed Name)