

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Court Case Number

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

STYLE OF CASE: _____ v. _____
(Plaintiff(s), State of Alabama, City of _____) (Defendant(s))

OR In the Matter of _____, a child.

TYPE OF PROCEEDING: _____

CIVIL/JUVENILE/CHILD-SUPPORT (CV, DV, DR, SM, JU, CS) CASE -- I, because of financial hardship, am unable to pay the fees and costs in this case. I request that payment of these fees and costs be waived initially and taxed as costs at the conclusion of the case. (Note: This form does not apply to DOCKET fees in CV, DV, DR, and SM cases. Form C-10D should be completed to request a waiver of prepayment of these docket fees).

CRIMINAL (CC, DC, TR, Municipal) CASE -- I, because of financial hardship, am unable to hire an attorney and request that the court appoint one for me and/or am unable to pay the fees and costs in this case and request that payment of these fees and costs be waived initially and taxed as costs at the conclusion of the case. **CHARGE(S):**

APPEALED/POST-CONVICTION CASE -- I, because of financial hardship, am unable to hire an attorney and request that the court appoint one for me. (Note: Relating to appealed cases, this box only applies to appeals to the Alabama Court of Criminal Appeals or the Alabama Court of Civil Appeals or petitions for writs of certiorari to the Supreme Court of Alabama).

DELINQUENCY/CHILD-IN-NEED OF SUPERVISION (JU) CASE -- I, because of financial hardship, am unable to hire an attorney to represent me/my child. I request that an attorney be appointed to represent me/my child.
CHARGE(S): _____

DEPENDENCY/TERMINATION-OF-PARENTAL-RIGHTS (JU) CASE -- I, because of financial hardship, am unable to hire an attorney to represent me. I request that an attorney be appointed to represent me.

CIVIL/JUVENILE/CHILD-SUPPORT (CV, DV, DR, SM, JU, CS) CASE (such as paternity, contempt, waiver of parental consent for abortion, juvenile mental commitment) -- I, because of financial hardship, am unable to hire an attorney to represent me. I request that an attorney be appointed to represent 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 _____
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

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

Temporary Assistance for Needy Families (TANF) _____ Food Stamps _____ Medicaid _____
Social Security Income (SSI) _____ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

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

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

Subtotal \$ _____

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

C. Exceptional Expenses (Subtotal) \$ _____

TOTAL MONTHLY EXPENSES (add subtotals from A, B & C monthly only) \$ _____

Total Gross Monthly Income Less Total Monthly Expenses \$ _____

4. 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 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, 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)

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ORDER OF COURT

SECTION II

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

Affiant is not indigent and the request for appointment of counsel is DENIED.

Affiant is not indigent and the request for waiver of prepayment of docket or other fees is DENIED because this Court finds that the Affiant has the resources to pay the docket or other fees without substantial hardship as follows:

Affiant is indigent and the request for appointment of counsel is GRANTED for the reason that the Affiant has:

an income level at or below 125% of the United States poverty level as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services;
an income level greater than 125%, but at or below 200%, of the more recently revised poverty income guidelines published by the United States Department of Health and Human Services and because this Court finds that not providing indigent defense services in this case would cause the Affiant substantial hardship;

an income level greater than 200 percent of the most recently revised poverty income guidelines published by the United States Department of Health and Human Services, the Affiant is charged with a felony, and because this Court finds that not providing indigent defense services in this case would cause the Affiant substantial hardship;

The prepayment of fees and costs is waived and taxed as costs at the conclusion of the case because this Court finds that payment of the fees and costs will constitute a substantial hardship for the reason that the Affiant has:

an income level at or below 125% of the United States poverty level as defined by the most recently revised poverty income guidelines published by the United States Department of Health and Human Services;

an income level greater than 125%, but at or below 200%, of the more recently revised poverty income guidelines published by the United States Department of Health and Human Services and because this Court finds that not providing indigent defense services in this case would cause the Affiant substantial hardship;

IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent the Affiant. IT IS
(Name of Attorney)

FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and pre-approved expenses, filing and service fees, and court costs.

Done this _____
(Date)

(Signature of _____, Judge)
(Printed Name)