

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS

v.

No. \_\_\_\_\_

Defendant

AFFIDAVIT OF ASSETS AND LIABILITIES

I, the Defendant in this case, state that I am without adequate assets to retain counsel for the following reasons:

Personal Information:

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. Address \_\_\_\_\_ Telephone \_\_\_\_\_

3. Family: (a) Marital Status \_\_\_\_\_ (b) Number of Children \_\_\_\_\_ (c) Number of other Dependents \_\_\_\_\_

If other dependents, their relationship \_\_\_\_\_

4. (Check which one is applicable)  I am not employed  I am employed

If employed, name and address of employer \_\_\_\_\_

Length of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Amount earned from employment (fill in one): \$ \_\_\_\_\_  weekly  monthly  every 2 weeks

My take-home pay is \$ \_\_\_\_\_ per pay period.

Expenses or Liabilities:

5. (a) Monthly mortgage payment \$ \_\_\_\_\_ or monthly rent \$ \_\_\_\_\_

(b) Monthly care payment \$ \_\_\_\_\_

(c) Monthly child support and/or alimony \$ \_\_\_\_\_

(d) Monthly credit card payments \$ \_\_\_\_\_

(e) Other \$ \_\_\_\_\_

(f) Total liabilities and debts \$ \_\_\_\_\_

6. If released on bail, specify amount of security \$ \_\_\_\_\_ and source or payment of security (defendant's funds, borrowed cash, etc.) \_\_\_\_\_

Assets:

7. (a)  I do not own a home.  I own a home. If you own, value of home \$ \_\_\_\_\_

(b)  I own other property. If checked, value of real estate \$ \_\_\_\_\_

Indicate where real estate is located. \_\_\_\_\_

(c)  I do not own a car.  I own a car. If you own, value of car \$ \_\_\_\_\_

Make and Year of car: \_\_\_\_\_

(d)  I have other personal property (jewelry, household contents, etc.) worth \$ \_\_\_\_\_

(e)  I have money in bank accounts in the amount of \$ \_\_\_\_\_

(f)  I have cash on hand in the amount of \$ \_\_\_\_\_

(g)  I have other assets worth \$ \_\_\_\_\_

(h)  Total value of assets \$ \_\_\_\_\_

Other Income:

8. (a) I receive  Social Security  SSI (including disability)  Food stamps/Link Card  Medical Assistance  Veteran's Benefits  Public assistance  Pension benefits  Workers' compensation  Unemployment compensation  Other \_\_\_\_\_

(b) Other sources of income (rent, inheritance, etc., if applicable): \_\_\_\_\_

Under penalty of perjury (a class 3 felony), I, the undersigned, certify that the above information is true and accurate.

\_\_\_\_\_  
Defendant's Signature

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**ORDER**

It is ordered that the Public Defender is appointed as counsel to represent the defendant.

**ENTERED:**

Dated: \_\_\_\_\_, \_\_\_\_\_ Judge Judge's No.