

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

ORDER

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

ENTERED:

Dated: _____, _____ Judge Judge's No. _____