

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

State of Alaska )  
 In the Matter of )  
 )  
vs. )  
 )  
 )  
Defendant or Minor. )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**FINANCIAL STATEMENT**

For Appointment of Counsel  
 For Restitution

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Soc. Sec. No.<sup>1</sup> \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Are you under the age of 18?  No  Yes. If yes, one of your parents must appear and provide financial information regarding the income of both parents.

Have you filled out a financial statement to apply for a court-appointed attorney within the past 12 months?  Yes  No Was an attorney appointed for you?  Yes  No

Are you receiving public assistance?  No  Yes. If yes, check those you receive:  
 SSI  Food Stamps  Adult Public Assistance  
 ATAP  General Relief  Medicaid

Are you working now?  Yes  No If no, date last worked \_\_\_\_\_  
Present employer \_\_\_\_\_  
(If not now employed, state last employer and length of job.)

Employer's address \_\_\_\_\_

Other employers in past year \_\_\_\_\_

Are you a seasonal worker?  Yes  No If yes, describe: \_\_\_\_\_  
Are you self-employed?  Yes  No If yes, describe: \_\_\_\_\_

**1. DEFENDANT'S INCOME INFORMATION (after taxes, but before other deductions)**

Do not include income of spouse. If under age 18, list income of defendant and parents.

- a. Current Monthly Income
 

Wages	\$ _____
Social Security	\$ _____
Public Assistance	\$ _____
Unemployment	\$ _____
Self-Employment Income (attach proof <sup>2</sup> )	\$ _____
Other (specify) _____	\$ _____
<b>Total Monthly Income</b>	<b>\$ _____</b>
- b. Permanent Fund Dividends received in last 12 months \$ \_\_\_\_\_
- c. ANCSA or other corporate dividends received in last 12 months \$ \_\_\_\_\_
- d. Value of gifts received in last 12 months \$ \_\_\_\_\_
- e. **Total Income during last 12 months** \$ \_\_\_\_\_

<sup>1</sup> Social Security number is not mandatory. It may be used to identify your assets.

<sup>2</sup> Examples include sales tax reports, bank statements, tax returns, cannery settlement statements.

f. Do you expect to receive other income in the next 6 months (for example, settlements, dividends, gifts, inheritances)?  Yes  No  
 If yes, please specify \_\_\_\_\_

**2. HOUSEHOLD MEMBERS** (People who live with you)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. MONTHLY HOUSEHOLD EXPENSES**

<u>Expense</u>	<u>Amount</u>	<u>Balance Owed</u>	<u>Past Due</u>
Housing (rent or mortgage)	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Utilities:			
Electricity	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
Water and Sewer	\$ _____	\$ _____	\$ _____
Garbage	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Transportation (gas/bus)	\$ _____	\$ _____	\$ _____
Car or truck payment	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Child support and alimony	\$ _____	\$ _____	\$ _____
List Loans & Credit Card Debts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Medical (not covered by insurance)	\$ _____	\$ _____	\$ _____
Childcare: _____	\$ _____	\$ _____	\$ _____
IRS Back Taxes Due	\$ _____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	\$ _____	\$ _____

**ADJUSTMENTS TO EXPENSES:**

a. Are you married?  Yes  No  
 If yes, list spouse's total income **after taxes** for the past 12 months (include gifts, settlements, inheritances, wages, dividends, etc.): \$ \_\_\_\_\_  
*Note: For purposes of deciding appointment of counsel, expenses will be divided between the spouses proportionate to each spouse's income.*

b. Are any household expenses paid by someone other than **you** or **your spouse** (such as by a roommate, parent, grandparent or child)?  No  Yes. If yes, list:

_____	_____	\$ _____
Name	Relationship	Amount
_____	_____	\$ _____
Name	Relationship	Amount
_____	_____	\$ _____
Name	Relationship	Amount

**4. CASH AND ASSETS** (things you own or are buying) Include all things you own by yourself and all things you own jointly with someone else.

	<u>Value</u>	<u>Amount Still Owed</u>
Cash	\$ _____	
Bank Acct./Checking	\$ _____	
Bank Acct./Savings	\$ _____	
Stocks, Bonds, CD's	\$ _____	
Mutual Funds	\$ _____	
Retirement Plans	\$ _____	
Life Insurance (cash value)	\$ _____	
Land, Homes, Trailers	\$ _____	\$ _____
Motor Vehicles (describe):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TV, Stereo, VCR	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____
Snow Machines, ATVs, Sport		
Boats, Airplanes, Motorcycles	\$ _____	\$ _____
Jewelry, Precious Metals or		
Precious Stones	\$ _____	\$ _____
Furs .....	\$ _____	\$ _____
Collections (Coins, Ivory, etc.)	\$ _____	\$ _____
Tools.....	\$ _____	\$ _____
Guns .....	\$ _____	\$ _____
Sports Equipment (Kayaks,		
Skis, Scuba Gear, etc.)	\$ _____	\$ _____
Fishing Gear, Nets, etc. ....	\$ _____	\$ _____
IFQ's, Quota Shares, etc.....	\$ _____	\$ _____
Commercial Fishing Permits .....	\$ _____	\$ _____
Commercial Fishing Boats. ....	\$ _____	\$ _____
Businesses: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTALS</b>	\$ _____	(-) \$ _____ = \$ _____

Do you need any of the above items to earn your living?  Yes  No  
 If yes, list the item and describe why you need it:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. CREDIT CARDS.** List all your credit cards.

Name of Card (Visa, MC, AMEX)	Credit Limit	Balance Owed	Payment	Min. Monthly
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

**6. OTHER EXPENSES**

Expense	Monthly Amount
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (magazines, newspapers, etc.)	\$ _____
Entertainment (dining out, sporting events, etc.)	\$ _____
Alcohol and Tobacco	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**OATH**

**WARNING: Making false statements under oath is a crime.**

I declare, under oath, that the above Financial Statement is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Defendant or Parent

Subscribed and sworn to or affirmed before me in \_\_\_\_\_, Alaska  
on \_\_\_\_\_  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person authorized  
to administer oaths.  
My commission expires: \_\_\_\_\_