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| (TYPE OR PRINT IN BLACK INK) In The General Court Of Justice  ☐ District ☐ Superior Court Division  **STATE OF NORTH CAROLINA**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County | | | File No. | |
| Additional File Nos. | |
| Name Of Applicant  «name» | | **AFFIDAVIT OF INDIGENCY**  G.S. 7A-450 et seq. | | |
| Street Number And Street Name Including Apartment Or Unit If Applicable | | Offense(s)  «action» | | |
| City, State And Zip Code | |
| Full Permanent Mailing Address Of Applicant (If Different Than Above) | | **Applicant:** Do you have other pending criminal charge(s) in which a lawyer has been appointed? ☐ Yes ☐ No  Name of Lawyer: | | |
| Telephone Number Of Applicant | Date Of Birth |
| Relationship To Defendant: «interest»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Full Social Security No. Of Applicant  - - ☐ Has No Social Security No. | | |
| **MONTHLY INCOME (money you make)** | | **MONTHLY EXPENSES (money you pay out)** | | |
| Employment - Applicant | $ | Number of Dependents: \_«household»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Name And Address Of Applicant’s Employer  (If not employed, state reason; if self-employed, state trade) | | Shelter: ☐ Buying  ☐ Renting | | $ |
| Food (including Food Stamps) | | $ |
| Utilities (power, water, heating, phone, cable, etc.) | | $ |
| Other Income (Welfare, Food Stamps, S/S, Pensions, etc.) | $«M\_4121» | Health Care | | $ |
| Employment- Spouse | $ | Installment Payments  ☐ Vehicle ☐ Other | | $ |
| Name And Address Of Spouse’s Employer | | Car Expenses (gas, insurance, etc.) | | $ |
| Support Payments | | $ |
| Other: (Specify) | | $ |
| **Total Monthly Income** | $«income» | **Total Monthly Expenses** | | $«expenses» |

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| **DESCRIPTION OF ASSETS AND LIABILITIES** | | **ASSETS**  (things you own) | **LIABILITIES**  (amounts you owe) |
| Cash On Hand And In Bank Account  (List Name Of Bank & Account No.) | | $ | N/A |
| Money Owed To Or Held For Applicant | | $ | N/A |
| Motor Vehicles (List Make, Model, Year) | | (Fair Market Value)  $ | (Balance Due)  $ |
| Real Estate | | (Fair Market Value)  $ | (Balance Due)  $ |
| Personal Property | | (Fair Market Value)  $ | (Balance Due)  $ |
| Other Debts | | N/A | $ |
| Last Income Tax Filed 20\_\_\_\_\_ ☐ Refund ☐ Owe | | $ | $ |
| Other | | $ | $ |
| **Total Assets And Liabilities** | | $ | $ |
| Bond Type | Amount  $ | By Whom Posted | |

**NOTE:** Read the notice below before completing this form.

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| **NOTICE TO PERSONS REQUESTING A COURT-APPOINTED LAWYER**   1. When answering the questions on the Affidavit Of Indigency *(reverse side of this form)*, please do not discuss your case with the interviewer. The interviewer can be called as a witness to testify about any statements made in his/her presence. Please wait and speak with your lawyer. Do not ask the interviewer for any advice or opinion concerning your case. 2. **A court-appointed lawyer is not free. If you are convicted or plead guilty or no contest, you may be required to repay the cost of your lawyer as a part of your sentence. The Court may also enter a civil judgment against you, which will accrue interest at the legal rate set out in G.S. 24-1 from the date of the entry of judgment. Your North Carolina Tax Refund may be taken to pay for the cost of your court-appointed lawyer. In addition, if you are convicted or plead guilty or no contest, the Court must charge you an attorney appointment fee and may enter this fee as a civil judgment against you pursuant to G.S. 7A-455.1.** 3. The information you provide may be verified, and your signature below will serve as a release permitting the interviewer to contact your creditors, employers, family members, and others concerning your eligibility for a court-appointed lawyer. A false or dishonest answer concerning your financial status could lead to prosecution for perjury. See G.S. 7A-456(a) ("A false material statement made by a person under oath or affirmation in regard to the question of his indigency constitutes a Class I felony."). | | | |
| Under penalty of perjury, I declare that the information provided on this form is true and correct to the best of my knowledge, and that I am financially unable to employ a lawyer to represent me. I now request the Court to assign a lawyer to represent me in this case. I authorize the Court to contact my creditors, employers, or family members, any governmental agencies or any other entities listed below concerning my eligibility for a court-appointed lawyer.  I further authorize my creditors, employers, or family members, any governmental agencies or any other entities listed below to release financial information concerning my eligibility for a court-appointed lawyer upon request of the Court. | | | |
| Government Agencies Or Other Entities Authorized To Be Contacted And/Or To Release Information | | | |
| **SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME** | | | Date |
| Date | | Signature | Signature Of Applicant |
| ☐ Deputy CSC ☐ Assistant CSC  ☐ Clerk of Superior Court ☐ Magistrate | | | Name Of Applicant (Type Or Print)  «name» |
| ☐ Notary | Date My Commission Expires | | Relationship To Defendant:«interest»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SEAL** | County Were Notarized | |  |
| **NOTE:**  If you are less than 18 years old, or if you are at least 18 years old but remain dependent on and live with a parent or guardian, state name and address of parent, guardian or trustee below.   |  | | --- | | Name Of Parent/ Guardian Or Trustee | | Address | | City, State, Zip | | | | |