

**IN THE JUDICIAL COURT OF THE TOHONO O'ODHAM NATION
CRIMINAL DIVISION**

TOHONO O'ODHAM NATION, Plaintiff, V. _____, Defendant.))))))))	Case No.: _____ FINANCIAL AFFIDAVIT: REQUEST FOR COURT-APPOINTED ATTORNEY¹
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DEFENDANT requests a court-appointed attorney and submits the following information.

1.	CONTACT INFORMATION:	Defendant's Full Name: _____	
	Mailing Address: _____	<input type="checkbox"/> T.O. Corrections	
	Telephone Number(s): _____		
2.	RESIDENCE:	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
		<input type="checkbox"/> Live with Family	<input type="checkbox"/> Room/Board
3.	MARITAL STATUS:	<input type="checkbox"/> Single	<input type="checkbox"/> Married
		<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated
4.	DEPENDENTS (number): _____		
5.	CURRENT INCOME (employer name, city): \$ _____		
	Average take-home pay: \$ _____	<input type="checkbox"/> weekly	<input type="checkbox"/> monthly
		<input type="checkbox"/> every two weeks	
6.	OTHER INCOME: (State monthly amount and source, <i>i.e.</i> , DSS, VA, rent, pensions, spouse income, unemployment, etc.) \$ _____ <i>(do not leave blank, enter either 0 or NA)</i>		
7.	ASSETS: (State value of car, home, bank deposits, inmate accounts, bonds, stocks, livestock, etc.) \$ _____ <i>(do not leave blank, enter either 0 or NA)</i>		
8.	OBLIGATIONS: (Itemize monthly rent, installment payments, mortgage payments, child support, etc.) \$ _____ <i>(do not leave blank, enter either 0 or NA)</i>		
9.	PUBLIC ASSISTANCE: Please indicate which benefits you currently receive:		
	<input type="checkbox"/> General assistance	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Food stamp benefits
	<input type="checkbox"/> Poverty related veteran's benefits	<input type="checkbox"/> Temporary assistance for needy families (TANF)	
	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Supplemental security income	
	<input type="checkbox"/> Other (describe): _____		
10.	AUTHORIZATION FOR RELEASE OF INFORMATION: I give permission for the Tohono O'odham Nation to contact anyone or any agency to verify the financial information I provide to the Court in support of my application. UNDER PENALTY OF PERJURY, I declare that I have examined the above statements made by me and to the best of my knowledge, information, and belief swear that each and all are true and correct.		
Print Name		Signature	Date

¹ This form is to be used in cases where the Nation has indicated they are seeking more than one year of incarceration.