

FINANCIAL AFFIDAVIT

IN THE _____ COUNTY _____ COURT OF _____ MADISON _____ COUNTY, NEBRASKA

STATE OF NEBRASKA

IN THE INTEREST OF

FINANCIAL AFFIDAVIT

Juvenile

I hereby swear that by reason of poverty:

- I am unable to pay the docket fee, cost bond, and other costs of appeal, and I believe I am entitled to redress.
- I am unable to afford counsel to represent me in this proceeding.
- I am unable to pay the judgment assessed against me, I wish to apply for time in which to pay such judgment.

The nature of this action, defense or appeal is: _____

I hereby submit the following financial affidavit.

I. Employer: _____ Address: _____
Length of employment: _____ If unemployed, state reason, physical or otherwise why you cannot be employed: _____

II. Income (Monthly)		Self	Spouse
A. Wages	\$ _____	_____	\$ _____
B. Welfare	\$ _____	_____	\$ _____
C. Unemployment	\$ _____	_____	\$ _____
D. Parents	\$ _____	_____	\$ _____
E. Other	\$ _____	_____	\$ _____

III. Family Assets			
A. Cash on Hand	\$ _____	F. Rentals	\$ _____
B. Bank Accounts	\$ _____	G. Tools	\$ _____
C. Automobiles	\$ _____	H. Equipment	\$ _____
D. Real Estate	\$ _____	I. Jewelry	\$ _____
E. Securities, Stocks, Bonds	\$ _____	J. Other	\$ _____

IV. Marital Status: Single Married Divorced Widowed
Name of Spouse: _____
Number of children you are supporting and their ages: _____

V. Debts		Monthly Expenses
A. _____ \$ _____		A. _____ \$ _____
B. _____ \$ _____		B. _____ \$ _____
C. _____ \$ _____		C. _____ \$ _____
D. _____ \$ _____		D. _____ \$ _____

VI. Education Completed: _____

I swear, or affirm, under penalty of perjury, that the foregoing financial affidavit is true and hereby request the following:

- waiver of payment of docket fee, cost bond and other costs of appeal.
- appointment of counsel to represent me in this proceeding.
- additional time in which to pay the judgment assessed against me.

DATE: _____ PARENT SIGNATURE: _____
ADDRESS: _____ PHONE #: _____ D.O.B.: _____
SUBSCRIBED AND SWORN TO
BEFORE ME: _____