

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

People of the State of Illinois

v.

Case No. _____

Defendant

AFFIDAVIT OF ASSETS AND LIABILITIES

I, the Defendant in this case, 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) Martial Status _____ (b) No. of Children ____ (c) No. 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 payments \$ _____ or monthly rent \$ _____

(b) Monthly car payment \$ _____

(c) Monthly child support and/or alimony \$ _____

(d) Monthly credit card payments \$ _____

(e) Other \$ _____

(f) Total liabilities and debts \$ _____

Assets:

6. (a) I do not own a home. I own a home If you own, value of home \$ _____

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois

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- (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:

- 7. (a) I receive Social Security SSI (including disability) Food stamps/Link Card
 Medical assistance Veteran's Benefits Public assistance Pension benefits
 Worker's 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,

ENTETED:

Dated: _____ Judge's Signature: _____ Judge's Number: _____