

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 \$ \_\_\_\_\_

Iris Y. Martinez, Clerk of the Circuit Court of Cook County, Illinois

cookcountyclerkofcourt.org

**Affidavit of Assets and Liabilities**

**(01/01/23) CCG 0041B**

- (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: \_\_\_\_\_