

IN THE DISTRICT COURT OF SARPY COUNTY, NEBRASKA

CASE NUMBER CI _____ - _____

Plaintiff,

vs.

FINANCIAL AFFIDAVIT

Defendant,

Defendant (if applicable).

I hereby swear/affirm that by reason of poverty I am unable to afford counsel to represent me in this proceeding. I wish to have counsel appointed to represent me. The nature of this action or appeal is: _____ **Paternity or Equity**; _____ **Order to Show Cause**

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/Salary	\$ _____	\$ _____
B. Government Benefits	\$ _____	\$ _____
C. Unemployment Benefits	\$ _____	\$ _____
D. Parents (if you are a minor)	\$ _____	\$ _____
E. All other sources of Income	\$ _____	\$ _____

III. Applicant's Total Family Assets

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

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 appointment of counsel to represent me in this proceeding.

Date: _____, 2009; Your Name: _____ D.O.B. _____

Address: _____ Phone #: _____

Subscribed and Sworn/Affirmed to Before Me: