

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

<input type="checkbox"/> State of Alaska) <input type="checkbox"/> In the Matter of) <input type="checkbox"/>) vs.))) Defendant or Minor.) _____)	CASE NO. _____ FINANCIAL STATEMENT <input type="checkbox"/> For Appointment of Counsel <input type="checkbox"/> For Restitution
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Full Name _____ Date of Birth _____
 Residence Address _____
 Mailing Address _____
 Email Address _____ Soc. Sec. No.¹ _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Are you under the age of 18? No Yes. If yes, one of your parents must appear and provide financial information regarding the income of both parents.

Have you filled out a financial statement to apply for a court-appointed attorney within the past 12 months? Yes No Was an attorney appointed for you? Yes No

Are you receiving public assistance? No Yes. If yes, check those you receive:
 SSI Food Stamps Adult Public Assistance
 ATAP General Relief Medicaid

Are you working now? Yes No If no, date last worked _____
 Present employer _____
 (If not now employed, state last employer and length of job.)

Employer's address _____
 Other employers in past year _____
 Are you a seasonal worker? Yes No If yes, describe: _____
 Are you self-employed? Yes No If yes, describe: _____

- 1. DEFENDANT'S INCOME INFORMATION** (after taxes, but before other deductions)
 Do not include income of spouse. If under age 18, list income of defendant and parents.
- | | |
|--|-----------------|
| a. Current Monthly Income | |
| Wages | \$ _____ |
| Social Security | \$ _____ |
| Public Assistance | \$ _____ |
| Unemployment | \$ _____ |
| Self-Employment Income (attach proof ²) | \$ _____ |
| Other (specify) _____ | \$ _____ |
| Total Monthly Income | \$ _____ |
| b. Permanent Fund Dividends received in last 12 months | \$ _____ |
| c. ANCSA or other corporate dividends received in last 12 months | \$ _____ |
| d. Value of gifts received in last 12 months | \$ _____ |
| e. Total Income during last 12 months | \$ _____ |

¹ Social Security number is not mandatory. It may be used to identify your assets.
² Examples include sales tax reports, bank statements, tax returns, cannery settlement statements.

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f. Do you expect to receive other income in the next 6 months (for example, settlements, dividends, gifts, inheritances)? Yes No
 If yes, please specify _____

2. HOUSEHOLD MEMBERS (People who live with you)

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. MONTHLY HOUSEHOLD EXPENSES

<u>Expense</u>	<u>Amount</u>	<u>Balance Owed</u>	<u>Past Due</u>
Housing (rent or mortgage)	\$ _____	\$ _____	\$ _____
Food	\$ _____	\$ _____	\$ _____
Utilities:			
Electricity	\$ _____	\$ _____	\$ _____
Gas	\$ _____	\$ _____	\$ _____
Water and Sewer	\$ _____	\$ _____	\$ _____
Garbage	\$ _____	\$ _____	\$ _____
Telephone	\$ _____	\$ _____	\$ _____
Transportation (gas/bus)	\$ _____	\$ _____	\$ _____
Car or truck payment	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Child support and alimony	\$ _____	\$ _____	\$ _____
List Loans & Credit Card Debts:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Medical (not covered by insurance)	\$ _____	\$ _____	\$ _____
Childcare: _____	\$ _____	\$ _____	\$ _____
IRS Back Taxes Due	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____

ADJUSTMENTS TO EXPENSES:

a. Are you married? Yes No
 If yes, list spouse's total income **after taxes** for the past 12 months (include gifts, settlements, inheritances, wages, dividends, etc.): \$ _____
Note: For purposes of deciding appointment of counsel, expenses will be divided between the spouses proportionate to each spouse's income.

b. Are any household expenses paid by someone other than **you** or **your spouse** (such as by a roommate, parent, grandparent or child)? No Yes. If yes, list:

_____	_____	\$ _____
Name	Relationship	Amount
_____	_____	\$ _____
Name	Relationship	Amount
_____	_____	\$ _____
Name	Relationship	Amount

4. CASH AND ASSETS (things you own or are buying) Include all things you own by yourself and all things you own jointly with someone else.

	<u>Value</u>	<u>Amount Still Owed</u>
Cash	\$ _____	
Bank Acct./Checking	\$ _____	
Bank Acct./Savings	\$ _____	
Stocks, Bonds, CD's	\$ _____	
Mutual Funds	\$ _____	
Retirement Plans	\$ _____	
Life Insurance (cash value)	\$ _____	
Land, Homes, Trailers	\$ _____	\$ _____
Motor Vehicles (describe):	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TV, Stereo, VCR	\$ _____	\$ _____
Computer Equipment	\$ _____	\$ _____
Snow Machines, ATVs, Sport		
Boats, Airplanes, Motorcycles	\$ _____	\$ _____
Jewelry, Precious Metals or		
Precious Stones	\$ _____	\$ _____
Furs.....	\$ _____	\$ _____
Collections (Coins, Ivory, etc.)	\$ _____	\$ _____
Tools	\$ _____	\$ _____
Guns	\$ _____	\$ _____
Sports Equipment (Kayaks,		
Skis, Scuba Gear, etc.)	\$ _____	\$ _____
Fishing Gear, Nets, etc.....	\$ _____	\$ _____
IFQ's, Quota Shares, etc.	\$ _____	\$ _____
Commercial Fishing Permits....	\$ _____	\$ _____
Commercial Fishing Boats.....	\$ _____	\$ _____
Businesses:_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other:_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTALS	\$ _____ (-)	\$ _____ = \$ _____

Do you need any of the above items to earn your living? Yes No
 If yes, list the item and describe why you need it:

5. CREDIT CARDS. List all your credit cards.

<u>Name of Card (Visa, MC, AMEX)</u>	<u>Credit Limit</u>	<u>Balance Owed</u>	<u>Min. Monthly Payment</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

6. OTHER EXPENSES

<u>Expense</u>	<u>Monthly Amount</u>
Cable TV	\$ _____
Club Membership Fees	\$ _____
Internet Fees	\$ _____
Subscriptions (magazines, newspapers, etc.)	\$ _____
Entertainment (dining out, sporting events, etc.)	\$ _____
Alcohol and Tobacco	\$ _____
TOTAL	\$ _____

OATH

WARNING: Making false statements under oath is a crime.

I declare, under oath, that the above Financial Statement is true.

_____ Date

_____ Signature of Defendant or Parent

Subscribed and sworn to or affirmed before me in _____, Alaska
on _____ (date).

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____