

**DELTA CITY JUSTICE COURT**  
**MILLARD COUNTY, STATE OF UTAH**  
**71 South 200 West, Delta, Utah 84624**

Delta City, <span style="float: right;">Plaintiff</span> vs. _____ Defendant	<p style="text-align: center;"><b>Request for Public Defender</b></p> <p style="text-align: center;"><b>Affidavit of Indigence</b></p> Case Number _____
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Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

Birth date \_\_\_\_\_

E-mail \_\_\_\_\_

**Instructions:** Attach continuation pages, if needed to complete paragraphs that don't have enough space. Write the paragraph number on the continuation page.)

I swear or affirm that:

- the following information is true and correct; and
- I have omitted nothing that is relevant to my financial status.

**(1) Employment Status.**

- I am employed (including self-employment).  
 I earn \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ in salary per \_\_\_\_\_.  
 I work approximately \_\_\_\_\_ hours per week.
- I am unemployed.

**(2) Monthly Income.**

I have the following monthly income:

Amount	Source of Income
\$	Work - Including self-employment, wages, salaries, commissions, bonuses, and tips
\$	Rental Income
\$	Business Income
\$	Interest and Dividends
\$	Retirement Income (Including pensions, 401(k), IRA, etc.)
\$	Worker's Compensation
\$	Social Security Disability (SSDI and SSI)
\$	Private Disability Insurance

Amount	Source of Income
\$	Social Security (Do not include SSDI or SSI)
\$	Unemployment Benefits
\$	Education Benefits
\$	Veteran's Benefits
\$	Alimony
\$	Child Support
\$	Payments from Civil Litigation
\$	Victim Restitution
\$	Public Assistance (Including housing, welfare, food stamps, Aid to Families with Dependent Children, etc.)
\$	Support from household members
\$	Support from non-household members
\$	Trust Income
\$	Annuity Income
\$	Other (Describe)
\$	Total

I have no income because:

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**(3) Monthly Deductions.**

I have the following deductions from my income:

Amount	Type of Deduction
\$	Federal Income Tax
\$	State Income Tax
\$	FICA
\$	Health Insurance Premiums
\$	Life Insurance Premiums
\$	Union and other dues
\$	Garnishment or Income Withholding Order
\$	Retirement Deposits (Including pensions, 401(k), IRA, etc.)
\$	Other (Describe)
\$	Total

I have no income.

**(4) Net Monthly Income.** My net monthly income is:

\$	Income (from (2)) minus Deductions (from (3))
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**(5) Financial Assets.**

I have the following financial assets:

Asset	Holder (Name & Address)	Co-owner (Name & Address) (If co-owner is not a party, use Non-public Information Form for Address)	Current Value
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Bank or Credit Union Account Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$
Stocks, Bonds, Securities, Money Market Fund Last 4 digits of acct number: _____			\$
Money Owed to You			\$
Cash			\$
Other (Describe)			\$

**(6) Monthly Expenses. I am personally paying the following monthly expenses:**

Amount	Monthly Expense
\$	Rent or mortgage
\$	Food and Household Supplies
\$	Clothing
\$	Transportation (Such as public transportation, automobile payments, insurance, gas, maintenance)
\$	Utilities (Such as electricity, gas, water, sewer, garbage)
\$	Telephone
\$	Credit Card Payments
\$	Loans and Other Debt Payments
\$	Alimony
\$	Child Support
\$	Child Care
\$	Education
\$	Health Care Insurance
\$	Health Care Expenses (Excluding insurance listed above)
\$	Business Expenses
\$	Real Property Taxes
\$	Real Property Insurance

Amount	Monthly Expense
\$	Real Property Maintenance
\$	Other Insurance (Describe)
\$	Entertainment
\$	Laundry and Dry Cleaning
\$	Donations
\$	Gifts
\$	Other (Describe)
\$	Total

**(7) Dependents. The following people depend on me for support.**

Name (Initials only if under 18)	Age	Relationship

**(8) Other.** The following facts also show that I am unable to pay the expenses of these legal proceedings.

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The information included in this form is true and correct. I have not included any non-public information in this document.

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_

I certify that \_\_\_\_\_, who is known to me or who presented satisfactory identification, has, while in my presence and while under oath or affirmation, voluntarily signed this document and declared that it is true.

Date: \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name (Judge, Court Clerk or Notary Public) \_\_\_\_\_

Notary Seal