

OUTSTANDING LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	NATURE OF LOAN		MONTHLY PAYMENT \$	BALANCE OWED \$
MONEY OWED FOR ATTORNEY FEE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF ATTORNEY		MONTHLY PAYMENT \$	BALANCE OWED \$
INSURANCE OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY		MONTHLY PAYMENT \$	BALANCE OWED \$
MEDICAL EXPENSES DOCTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	DOCTOR'S NAME		MONTHLY PAYMENT \$	BALANCE OWED \$
MEDICAL EXPENSES HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL NAME		MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
CREDIT CARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY	CREDIT LIMIT \$	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME \$	MONTHLY PAYMENT \$	BALANCE OWED \$
COURT FINES / PENALTIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	OFFENSE(S)	COURT NAME \$	MONTHLY PAYMENT \$	BALANCE OWED \$
UTILITIES OWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	COMPANY		MONTHLY PAYMENT \$	BALANCE OWED \$
CHILD SUPPORT / ALIMONY PAYMENTS? <input type="checkbox"/> Yes <input type="checkbox"/> No			MONTHLY PAYMENT \$	BALANCE OWED \$
OTHER EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE		MONTHLY PAYMENT \$	BALANCE OWED \$
SUBSISTENCE (FOOD, CLOTHING, TRAN.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE		MONTHLY PAYMENT \$	SUBSISTENCE EXPENSES \$
DOES ANYONE CONTRIBUTE TO THE PAYMENT OF THESE EXPENSES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHO?	TOTAL AMOUNT CONTRIBUTED \$	TOTAL MONTHLY PAYMENT \$	TOTAL LIABILITIES \$

PART V ATTORNEY INFORMATION

CAN YOU AFFORD TO PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, HOW MUCH? \$	CAN RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? <input type="checkbox"/> Yes <input type="checkbox"/> No	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? Yes No
NAME OF PRIVATE ATTORNEY		ADDRESS	PHONE NUMBER
WHO PAID FOR PRIVATE ATTORNEY?	AMOUNT OF RETAINER PAID \$	TOTAL ASSETS \$	TOTAL LIABILITIES \$

PART VI CERTIFICATION PUSUANT TO NEW JERSEY COURT RULE 1:4-4(b)

I CERTIFY THAT THE FORGOING STATEMENTS MADE ARE BY ME TRUE. I AM AWARE AND UNDERSTAND THAT IF ANY SUCH STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT. I AUTHORIZE THE COURT OR THE ADMINISTRATIVE OFFICE OF THE COURTS TO CONDUCT SUCH INVESTIGATION AS MAY BE NECESSARY TO VERIFY MY FINANCIAL STATUS, WHICH MAY INCLUDE BUT MAY NOT BE LIMITED TO A REVIEW OF MY CREDIT HISTORY, STATE AND/OR FEDERAL INCOME TAX RETURNS, BANK ACCOUNTS AND OTHER FINANCIAL INSTITUTION RECORDS.

SIGNATURE	DATE	WITNESS, NAME AND POSITION	DATE
COUNSEL ASSIGNED <input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION FEE <input type="checkbox"/> ASSESSED \$ _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> PARTIAL PAYMENT SCHEDULE _____		
COUNSEL DENIED - REASONS			
APPROVED BY JUDGE	DATE	The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.	
NOTES			