

PEOPLE OF THE STATE OF ILLINOIS
—V—

Case No. _____

Charge _____

AFFIDAVIT OF ASSETS AND LIABILITIES

I, _____, defendant in this case on oath state that I am without adequate assets to retain counsel, and that I make the following statement in support of my request for representation by court-appointed counsel.

1. **FAMILY:** (a) Marital status _____ (b) No. of children _____ (c) No. of other dependents _____
Relationship _____

2. **NAME AND ADDRESS OF EMPLOYER** _____
Length of employment _____ Occupation _____

3. **EARNING AND SOURCES OF INCOME:**
(a) \$ _____ per month from employment
(b) \$ _____ per month from pension, trusts, annuity, welfare, workman's compensation, retirement, disability plan, or any similar State, Federal, local or private benefit plan
(c) \$ _____ per month from rents, royalties, bonds, securities or interest
(d) \$ _____ per month from other sources
(e) \$ _____ spouse's income per month
\$ _____ **TOTAL MONTHLY INCOME FROM ALL SOURCES**

4. **VALUE OF ASSETS:**
(a) \$ _____ Home or other dwelling
(b) \$ _____ Other real property; where situated _____
(c) \$ _____ Automobile: Make: _____ Model: _____ Year: _____
(d) \$ _____ Other personal property (jewelry, household goods, furs, etc.)
(e) \$ _____ Bank Accounts
(f) \$ _____ Cash on hand
(g) \$ _____ Surrender value of life or annuity insurance policies
(h) \$ _____ Securities, trusts, bonds and other assets _____
\$ _____ **TOTAL VALUE OF ASSETS**

5. **LIABILITIES**
(a) \$ _____ Mortgage on home \$ _____ monthly payment
(b) \$ _____ Monthly rent or room and board where applicable
(c) \$ _____ Amount owed on automobile
(d) \$ _____ Personal debts; to whom owed _____
\$ _____ **TOTAL LIABILITIES AND DEBTS**

6. **If released on bail, specify amount of security \$ _____ and source of payment of security (defendant's funds, borrowed cash, etc.) _____**

7. **I understand that the Court may order me to pay the cost of the Public Defender for acting as my attorney.**

Subscribed and sworn to before me
this _____ day of _____, 20 _____

Signature of Defendant

Notary Public

STATE OF ILLINOIS)
) SS.
COUNTY OF DU PAGE)



IN THE CIRCUIT COURT OF THE 18TH JUDICIAL CIRCUIT
DU PAGE COUNTY, ILLINOIS

IN THE MATTER OF APPOINTING)
LEGAL COUNSEL FOR DEFENDANTS) Administrative Order No. 18-13
WHO CLAIM INDIGENCY)

The Court being fully advised in the premises;

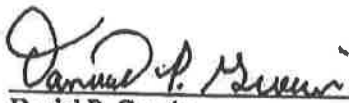
IT IS HEREBY ORDERED that the following guidelines be adopted for purposes of determining a defendant's eligibility for the appointment of legal counsel in criminal cases:

1. A defendant failing to complete an Affidavit of Indigency shall be ineligible.
2. A defendant whose Affidavit of Indigency discloses that income on an annualized basis is above 125% of the official Poverty Income Guidelines shall be found not indigent and therefore ineligible (see Addendum attached).
3. A defendant charged with an offense, where the penalty is punishable by fine only, shall be ineligible though indigent.

IT IS FURTHER ORDERED that when a defendant discloses income, that figure should include total family income including that of spouses who work and share the burden of supporting the family. The value of assets should also be considered in addition to income when determining indigency.

This order shall take effect immediately and Administrative Order No. 17-11 is vacated.

ENTER: 6/6/18



Daniel P. Guerin
Chief Judge

Dated: June 6, 2018
Wheaton, Illinois