

FINANCIAL AFFIDAVIT

IN THE _____ COURT OF _____ COUNTY, NEBRASKA

Case # _____

Plaintiff

vs.

FINANCIAL AFFIDAVIT

Defendant

I hereby swear that by reason of poverty:

- ☐ I am unable to pay the docket fee, cost bond, and other costs of appeal, and I believe I am entitled to redress.
- ☐ I am unable to afford counsel to represent me in this proceeding.
- ☐ I am unable to pay the judgment assessed against me; I wish to apply for time in which to pay such judgment.

The nature of this action, defense or appeal is: _____

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	\$ _____	\$ _____
B. Welfare	\$ _____	\$ _____
C. Unemployment	\$ _____	\$ _____
D. Parents	\$ _____	\$ _____
E. Other	\$ _____	\$ _____

III. Family Assets

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

IV. Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Name of Spouse: _____

Number of children you are supporting and their ages: _____

V. Debts

(continue on back, if needed)

A.	\$
B.	\$
C.	\$
D.	\$
E.	\$
F.	\$
G.	\$
H.	\$
I.	\$
J.	\$
K.	\$
L.	\$

Monthly Expenses

(continue on back, if needed)

A.	\$
B.	\$
C.	\$
D.	\$
E.	\$
F.	\$
G.	\$
H.	\$
I.	\$
J.	\$
K.	\$
L.	\$

VI. **Education Completed:**_____

I swear or affirm, under penalty of perjury, that the foregoing financial affidavit is true and hereby request the following:

- ☐ Waiver of payment of docket fee, cost bond and other costs of appeal.
- ☐ Appointment of counsel to represent me in this proceeding.
- ☐ Additional time in which to pay the judgment assessed against me.

Signature _____

Date _____

Name _____

Date of Birth _____

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box

City/State/ZIP Code

Phone	E-mail Address
-------	----------------

State of _____)
S.S.
County of _____)

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

Notary Public

My commission expires: _____