

FINANCIAL AFFIDAVIT

CC 6:1 Rev. 02/18

Neb. Rev. Stat. § 29-3902

IN THE COURT OF _____ COUNTY, NEBRASKA

Plaintiff

Case No. _____

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

Name

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail Address

Date

Date of Birth

State of _____)
) s.s.
 County of _____)

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

Notary Public/Court Clerk My commission expires: _____