

APPENDIX "A"
FINANCIAL DECLARATION

IN SUPPORT OF REQUEST FOR LEGAL COUNSEL WITHOUT PAYMENT OF FEE
IN THE UNITED STATES TERRITORY OF GUAM: Family Court Superior Court Supreme Court

IN THE CASE OF:

_____ vs. _____
PERSON REPRESENTED (show your full name):

SOCIAL SECURITY NUMBER:

CHARGE/OFFENSE (describe if applicable & check box):

DOCKET NUMBER

- | | |
|--|---|
| <input type="checkbox"/> Defendant - Adult | <input type="checkbox"/> Provation Violator |
| <input type="checkbox"/> Defendant - Juvenile | <input type="checkbox"/> Habeas Petitioner |
| <input type="checkbox"/> Appellant (if so, was
counsel previously appointed
for you <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other (specify) |

- Felony Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT Are you now employed? Yes No Self Employed. Name and address of employer:
IF YES, how much do you earn per month?
IF NO, give month and year of last employment. _____ How much did you earn per month? \$
 If married, is your spouse employed? Yes No **IF YES**, how much does your spouse earn per month? \$
 If a minor under age 21, what is your parents' or guardian's approximate monthly income? \$

OTHER INCOME Have you received within the past year any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, spousal support payments, or other sources? Yes No

	RECEIVED	SOURCES
IF YES, GIVE THE AMOUNT	\$ _____	_____
RECEIVED & IDENTIFY	\$ _____	_____
THE SOURCES	\$ _____	_____

Are you currently receiving welfare benefits of any kind? Yes No **IF YES**, give the amount per month and describe the benefit.

	AMOUNT	TYPE OF BENEFIT
	\$ _____	_____
	_____	_____

CASH Have you any cash on hand or money in savings or checking accounts? Yes No **IF YES**, state total amount \$ _____

PROPERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

	VALUE	DESCRIPTION
IF YES, GIVE VALUE AND DESCRIBE	\$ _____	_____
	_____	_____
	_____	_____

DEPENDENTS MARITAL STATUS Total No. of List persons you actually support and your relationship to them.

Single Dependents: _____

Married () _____

Widowed _____

Separated or Divorced _____

	APARTMENT OR HOME	Creditors (List all creditors including banks, loan companies, charge accounts, etc.	Total Debts	Monthly Payments
DEBTS & MONTHLY BILLS	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____
	_____	_____	\$ _____	\$ _____

I declare under penalty of perjury, the foregoing is true and correct. In addition, by my signature below, I hereby agree to make available to the courts of Gam any and all documents within my possession, or within the possession for the Department of Revenue and Taxation, relating to my financial status.

SIGNATURE OF DEFENDANT (or person to be represented): _____

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS DECLARATION MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH. See Title 9, Guam Code Annotated, Sections 52.15 and 52.20.