STATE OF WISCONSIN CIRCUIT COURT DOOR COUNTY

State of Wisconsin,
Plaintiff,

vs.

_____
Defendant.

BOND MODIFICATION REQUEST
AFFIDAVIT OF INDIGENCY

Case No. _____

UNDER OATH, I STATE THAT because of poverty, I am unable to pay for pretrial release/monitoring in this case. I petition the court for a bond modification.

SECTION 1.

__ I currently receive:
___ Supplemental security income ____ Relief funded under §59.53(21), Wis. Stats.
___ Medical assistance __ Food stamps/FoodShare __ Relief funded under public assistance
___ Benefits for veterans under §45.40(1m) or 38 USC 501-562
___ Legal representation from a civil legal services program or a volunteer attorney program based on indigency Name of program: _____
___ Other means-tested public assistance: _____
My financial situation __ has ___ has not changed since I became eligible for this program.

SECTION 2.

1. I __ am ___am not married.

2. I __ am ___am not employed. Name of employer: _____

3. I earn (gross pay) $_____ __weekly __every 2 weeks __twice monthly __monthly
My take-home pay (after taxes and deductions) is $_____ per pay period.

4. I receive gross monthly income totaling the amount of $_____ from
___Pension ___Social security ___ Unemployment compensation
___Disability ___Student loans/grants ___Other:_____

5. I have the following cash assets:
___ Savings accounts: $_____ ___ Cash: $_____
___ Checking accounts: $_____ ___ Money owed me: $_____

6. I have the following other assets:
___ Vehicle-Yr/make: _____ $_____
___ Vehicle-Yr/make: _____ $_____

___Household furnishings: $_____ ___Equity in real estate $_____
___Other individual assets valued over $200 each: _____ $_____

7. My household consists of myself and _____ others:
   Full name:_____ Relationship to me:_____ Under age 18 Yes No
   Full name:_____ Relationship to me:_____ Under age 18 Yes No
   Full name:_____ Relationship to me:_____ Under age 18 Yes No
   Full name:_____ Relationship to me:_____ Under age 18 Yes No
   Full name:_____ Relationship to me:_____ Under age 18 Yes No

8. The other members of my household have gross monthly income totaling the amount of $_____ from
   ___ Wages ___ Social Security ___ Relief funded under pubic assistance
   ___ Food stamps/FoodShare ___ Pension ___ Student loans/grants
   ___ Unemployment compensation ___ Supplemental Security Income ___ Disability
   ___ Relief funded under §59.53(21), Wisconsin Statutes ___ Support/Maintenance
   ___ Other: _____

9. I have the following debts:

	Amount	Monthly Payments
a. Mortgage/Rent	$_____	_____
b. Auto loan	$_____	_____
c. Credit cards	$_____	_____
d. Other	$_____	_____
_____	$_____	_____

10. I have the following unusual expenses, other than ordinary living expenses:
    _____
    _____
    _____
    _____
    _____

11. Do you own your home? Yes _____ No _____

12. If you own your home, how much equity do you have in the home? $_____

13. State the amount of your rent or mortgage payment. $_____

14. Do you have cable TV? Yes _____ No _____ Monthly cost: $_____

15. Do you smoke? Yes _____ No _____ Monthly cost: $_____

16. Do you have internet service? Yes ____ No ____ Monthly cost: $_____

17. Do you have a cell phone? Yes _____ No _____ Monthly cost: $_____

18. Do you drink alcohol? Yes _____ No _____

If yes, indicate frequency _____
Approximate cost per week $_____

19. List assets for spouse or significant other:

_____ Value $_____
_____ Value $_____
_____ Value $_____
_____ Value $_____

SECTION 3.

I am currently on:

1. ___ Continuous Alcohol Monitoring (bracelet);
2. ___ Day Reporting;
3. ___ Drug Monitoring (patch);
4. ___ GPS Monitoring.

I currently pay $_____/week for monitoring.

I understand that if my financial situation changes, I must notify the court immediately.

_____ _____
Signature Date

_____ _____
Print or Type Name Date of Birth

_____
Address (City, State, Zip)

_____
Telephone Number

State of _____
County of _____
Subscribed and sworn to before me on _____

_____
Notary Public/Court Official

_____
Name Printed or Typed
My commission/term expires:_____