IN THE SUPREME COURT OF THE STATE OF ALASKA

FINANCIAL STATEMENT AFFIDAVIT

For use with a motion to waive filing fee, when the basis for the motion is inability to pay, a motion to appeal at public expense, or an application for an exemption from filing fee under AS 9.19.010.

(for court system use)		

1. Appellant's (or Petitioner's) Name:			
2. Appellant's Telephone:	3. Case No.		
4. Appellant's Residence Address:			
5. Appellant's Mailing Address:			
6. a. □Married □Single □Divorced □Separated □Wi	dowed b. How long?		
7. a. Are your working now? □Yes □No b. If not, d	ate last worked:		
8. LIST ALL EMPLOYERS FOR THE LAST 12 MONTHS a. 1) Present or Former Employer: 2) Address & Telephone: 3) Job Title: 4) Salary: \$			
9. a. Do you belong to a Labor Union? □No □Yes b	o. Union:		
10. Social Security Number:(No	t mandatory; SSN may be used to identify assets.)		
11. a. Spouse's Name: b. Spouse's Present or PastEmployer: c. FROMTO			
12. DEPENDENTS: 1)Name a b c d e f g h			

13. MONTHLY EXPENSES				
1) Expense	2) Your share of payment	3) Balance owed	4) Amount past due	
a. Housing: Rent/Mortgage	\$	\$	\$	
b. Utilities: Gas/Electric/ Water/Garbage	\$	\$	\$	
c. Telephone	\$	\$	\$	
d. Food	\$	\$	\$	
e. Transportation (gas/bus)	\$	\$	\$	
f. Car payment	\$	\$	\$	
g. Insurance	\$	\$	\$	
h. Child Support/Alimony	\$	\$	\$	
i. Loans/Credit Card (List): i ii iii iv v.	\$ \$ \$	\$\$\$\$	\$\$ \$\$ \$\$	
j. Medical (not covered by insurance)	\$	\$	\$	
k. Child Care	\$	\$	\$	
1. IRS Back Taxes	\$	\$	\$	
m. Debts (List): i ii iiv n. TOTALS	\$\$ \$\$ \$\$ \$	\$\$ \$\$ \$\$	\$\$ \$\$ \$\$	
14. INCOME INFORMATION				
a. Number of Permanent Fund Dividend checks received by your family within the past year				
b. Your total net income (after taxes, but before other deductions) in the past 12 months			\$	
c. Your spouse's total net income during the past 12 months			\$	
d. Any money you expect to receive in the next 6 months (e.g. settlements, annuities)			\$	
e. Are you a seasonal employe	ee? □No □Yes (Specify)			

14. INCOME INFORMATION (CONT.)						
f. Your total NET monthly income from: 1) Wages: \$			g. Your Spouse's total NET monthly income from: 1) Wages: \$ 2) Public Assistance: \$ 3) Unemployment: \$ 4) Other: \$ Explain:			
	15. FAMILY ASSETS (things you own or are buying)					
1) Family Assets	2) Valu	ie	3) Amount still owed	4) For court use only		
a. Cash	\$					
b. Bank Account - checking	\$					
c. Bank Accounts - savings	\$					
d. Securities	\$					
e. Pension Plans/Annuities	\$					
f. Life Insurance (cash value/dividends)	\$					
g. Land, Homes, Trailers	\$		\$			
h. Home Furnishings	\$		\$			
i. TV, Stereo, VCR, Computer \$			\$			
j. Motor Vehicles	\$		\$			
k. Snow Machines, Boats, ATVs, Motorcyles, Airplanes	\$		\$			
1. Jewelry, Precious Metals/Stones	\$		\$			
m. Furs	\$		\$			
n. Collections (coins, ivory, etc.)	\$		\$			
o. Tools & Guns	\$		\$			
p. Sports Equipment	\$		\$			
q. Fishing Gear	\$		\$			
r. Limited Entry Permit(s)	\$		\$			
s. Businesses	\$		\$			
t. Other (Specify): iii	\$ \$		\$ \$			
u. TOTALS	\$		\$			
v. Specify any of above you need to ear	n your living a	and expla	in why:			

	16. OATH I declare, under oath, that my Financial Statement is true. DO NOT SIGN THIS AFFIDAVIT UNTIL YOUR SIGNATURE CAN BE WITNESSED.				
	Date Subscribed and worn to or affirmed before me on				
	,	Alaska.			
		c			
	(SEAL)	c			
	FOR COURT USE ONLY - DO NOT COMPLETE 17. FINANCIAL SUMMARY				
a.	Total family income for the past 12 m	onths	\$		
b.	Total assets (equity)		\$		
	Cash		\$		
c.	Total debts		\$		
d.	Total family income each month			\$	
e.	Total family expenses each month			\$	
	Amount behind		\$		
f.	Total discretionary income each mont	ı		\$	
	I recommend that this request be □D Reasons:				
į		k.			
J.	Date		nature of Deputy Clerk		