

Madison County Prosecutor's Office

**Affidavit of Financial Status and Request for Waiver of Pre-Trial Diversion Fees**

Cause Number(s): \_\_\_\_\_

To determine whether or not you are eligible for a waiver of Pre-Trial Diversion fees, please state accurately and completely the following information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

How often do you get paid? \_\_\_\_\_ Monthly take-home pay: \_\_\_\_\_

How many bank accounts do you have? \_\_\_\_\_ Total in savings/checking \_\_\_\_\_

Do you have any other sources of income? Check all that apply.

- |   |              |                  |
|---|--------------|------------------|
| <input type="checkbox"/> Unemployment.....          | Amount _____ | How often? _____ |
| <input type="checkbox"/> Worker's Compensation..... | Amount _____ | How often? _____ |
| <input type="checkbox"/> Disability.....            | Amount _____ | How often? _____ |
| <input type="checkbox"/> Child Support.....         | Amount _____ | How often? _____ |
| <input type="checkbox"/> Other: _____               | Amount _____ | How often? _____ |

If currently unemployed, how long? \_\_\_\_\_ Why? \_\_\_\_\_

Are you legally disabled? ☐ Yes ☐ No

Do you require a "reasonable accommodation" to be able to work? \_\_\_\_\_

Are you married? ☐ Yes ☐ No

Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer \_\_\_\_\_ Income \$ \_\_\_\_\_ ☐ weekly ☐ monthly ☐ yearly

Does your **spouse** have any other sources of income? Check all that apply.

- |   |                 |                  |
|---|-----------------|------------------|
| <input type="checkbox"/> Unemployment.....          | Amount \$ _____ | How often? _____ |
| <input type="checkbox"/> Worker's Compensation..... | Amount \$ _____ | How often? _____ |
| <input type="checkbox"/> Disability.....            | Amount \$ _____ | How often? _____ |
| <input type="checkbox"/> Child Support.....         | Amount \$ _____ | How often? _____ |
| <input type="checkbox"/> Other: _____               | Amount \$ _____ | How often? _____ |

Do you own real estate:    ☐ Yes   ☐ No                      Value? \_\_\_\_\_                      Amount owed: \_\_\_\_\_

Do you own any vehicles? ☐ Yes   ☐ No

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Value \$ \_\_\_\_\_ Amount owed \$ \_\_\_\_\_

Do you have any dependents: ☐ Yes   ☐ No

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Why should your diversion fees be waived? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I understand that I am voluntarily providing the information on this form and that the information will be used to determine whether I am eligible to have my diversion fees waived by the Madison County Prosecutor's Office.**

**I understand that I am providing the information on this form under penalty of perjury, as specified by I.C. 35-44.1-2-1. I hereby do solemnly swear or affirm that the information provided on this form is true and correct to the best of my knowledge, information, and belief.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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FOR OFFICE USE ONLY

Approved?    ☐ Yes   ☐ No

Date Reviewed: \_\_\_\_\_

Signature of Deputy Prosecutor or Director: \_\_\_\_\_