

**Commonwealth of Massachusetts
Sex Offender Registry Board
Affidavit of Indigency In Support of Request for Attorney**

DO NOT COMPLETE THIS FORM IF YOU ARE ACCEPTING THE BOARD'S RECOMMENDATION.

THIS TWO-PAGE FORM SHOULD ONLY BE COMPLETED IF YOU ARE REQUESTING A HEARING AND THE APPOINTMENT OF AN ATTORNEY. It must be completed, signed and returned to the Sex Offender Registry Board by _____.

Part A

Name: _____ Date of Birth: _____

Sex Offender Number: _____ Social Security Number: _____

Address: _____ Phone: _____

How long have you lived at this address? _____ If less than one year, list previous addresses:

List name and relationship of each person living with you? _____

Are you currently employed? Yes No

If yes, list name(s), address(es) and phone number(s) of current employer(s). If no, list name(s), address(es) and phone number(s) of previous employer(s) during the past year:

How much do you earn from employment after taxes each month? \$ _____

If married, is your spouse employed? Yes No

If yes, how much does your spouse earn from employment after taxes each month? \$ _____

Part B

Do you currently receive any of the following forms of public assistance? AFDC EAEDC SSI
 SSDI Poverty Related Veterans' Benefits Food Stamps Medicaid Refugee Resettlement

**Please provide current documentation, such as the invoice or statement that came with the most recent public assistance check you received.*

If you checked any of the public assistance boxes, please go directly to **Part E**.

Part C

List the dollar amount you have in:

Cash, savings, or bank accounts \$ _____

Stocks, bonds, Certificates of Deposit \$ _____

List:

Equity in real estate reasonably convertible to cash \$ _____

Equity in motor vehicle(s) not required for employment
and reasonably convertible to cash \$ _____

Name: _____

Part D

I. INCOME (Monthly)

Your salary after taxes _____
 Interest, dividends, or other earnings _____
 Contribution from other family member(s) _____
 Unemployment, social security, workers' _____
 Comp., pension, annuities _____
 Spouse's salary after taxes _____
 Income from "spouse-type" relationship _____
 Other income _____

II. EXPENSES (Monthly)

Your share of basic living costs including mortgage, rent, loans and charge accounts* _____
 Mortgage/Rent* _____
 Utilities _____
 Food _____
 Clothing _____
 Health care _____
 Transportation _____
 Loans* _____
 Charge Accounts* _____
 Support for dependents _____

Total Income \$ _____

Total Expenses \$ _____

List creditor(s): _____

Marital Status: Single Married Widowed Separated or Divorced

Number of Dependents: _____ List name and relationship of each person you support:

Part E

I hereby affirm that the information listed above is true and accurate. By signing this document I do so under the penalties of perjury. I understand that some or all of this information is subject to verification.

Signature: _____ Date: _____

FOR BOARD USE ONLY. DO NOT WRITE BELOW THIS LINE.

Calculations (if necessary):

Disposable Net Monthly Income \$ _____
(subtract Total Expenses from Total Income in Part D)

Plus Part C (Liquid Assets) +\$ _____

Equals Available Funds =\$ _____

Determination:

- Party is indigent because he or she receives one of the above-listed forms of public assistance.
- Party is indigent because his or her annual income, after taxes, is 125% or less of the current poverty threshold referred to in G.L. c. 261, § 27A(b).
- Party is not indigent.

Staff Person's Initials: _____ Date: _____