



FINANCIAL QUESTIONNAIRE TO ESTABLISH INDIGENCY - MUNICIPAL COURTS



CUESTIONARIO SOBRE SU SITUACIÓN ECONÓMICA PARA ESTABLECER LA INDIGENCIA-JUZGADOS MUNICIPALES

PART I - GENERAL INFORMATION
PARTE I - INFORMACIÓN GENERAL

APPLICATION BY: DEFENDANT ACUSADO
 SOLICITANTE: PARENT OR GUARDIAN IF DEFENDANT IS UNDER 18 OR INCOMPETENT PADRE, MADRE O TUTOR SI EL ACUSADO ES MENOR DE 18 AÑOS O INCOMPETENTE

FOR: INDIGENT DEFENSE SERVICES* SERVICIOS PARA LA DEFENSA DE PERSONAS INDIGENTES*
 PARA: INSTALLMENT PAYMENT OF FINES / PENALTIES PAGO DE MULTAS/PENALIDADES A PLAZOS

*NOTE: IF YOU ARE APPLYING FOR INDIGENT DEFENSE SERVICES, YOU MAY BE CHARGED WITH AN APPLICATION FEE.

*NOTA: SI UD. ESTÁ SOLICITANDO SERVICIOS PARA LA DEFENSA DE PERSONAS INDIGENTES, ES POSIBLE QUE SE LE IMPONGA UN CARGO POR LA SOLICITUD.

ARE YOU RECEIVING WELFARE OR PARTICIPATING IN ANOTHER GOVERNMENT BASED INCOME MAINTENANCE PROGRAM?

Yes / SI
 No / No

¿RECIBE UD. ASISTENCIA PÚBLICA O PARTICIPA EN OTRO PROGRAMA GUBERNAMENTAL DE MANTENIMIENTO DE INGRESOS?

ARE YOU ONLY COMPLETING THIS FORM FOR INSTALLMENT PAYMENTS OF YOUR FINE?

Yes / SI
 No / No

¿ESTÁ UD. COMPLETANDO ESTE FORMULARIO SOLAMENTE PARA PODER PAGAR SU MULTA A PLAZOS?

ARE YOU ONLY CHARGED WITH TRAFFIC OR PARKING OFFENSES?

Yes / SI
 No / No

¿ESTÁ UD. ACUSADO SOLAMENTE DE INFRACCIONES DE TRÁNSITO O ESTACIONAMIENTO?

IF YOU ANSWERED "YES" TO ALL OF THE ABOVE 3 QUESTIONS, GO TO PART VI AND COMPLETE CERTIFICATION.

SI CONTESTÓ QUE SÍ A LAS TRES PREGUNTAS ANTERIORES, PASE A LA PARTE VI Y COMPLETE LA CERTIFICACIÓN.

COMPLAINT NUMBER(S)
NÚMERO DE DENUNCIA (O DENUNCIAS)

NUMBER OF CO-DEFENDANTS
NÚMERO DE COACUSADOS

CHARGES
CARGOS

LAST NAME
APELLIDO

FIRST NAME
NOMBRE

MIDDLE INITIAL
INICIAL DEL SEGUNDO NOMBRE

EYE COLOR
COLOR DE OJOS

Male
Hombre
 Female
Mujer

DATE OF BIRTH
FECHA DE NACIMIENTO

SOCIAL SECURITY NUMBER
NÚMERO DE SEGURO SOCIAL

DRIVER'S LICENSE NUMBER
NÚMERO DE LICENCIA DE CONDUCIR

STATE
ESTADO

HOME STREET ADDRESS
DIRECCIÓN DE SU RESIDENCIA

CITY
CIUDAD

STATE
ESTADO

ZIP
CÓDIGO POSTAL

HOME PHONE NUMBER
TELÉFONO DE SU RESIDENCIA

HOW LONG AT THE ABOVE ADDRESS?
¿CUÁNTO HACE QUE VIVE EN ESA DIRECCIÓN?

MARITAL STATUS
ESTADO CIVIL

Married Casado Single Soltero Widowed Viudo Separated Separado Divorced Divorciada

NUMBER OF THOSE YOU SUPPORT
(Children or other family members)
NÚMERO DE PERSONAS A QUIENES MANTIENE (Hijos u otros miembros de su familia)

WHICH INCOME TAX RETURNS DID YOU FILE LAST YEAR?
¿QUÉ DECLARACIONES DE IMPUESTOS SOBRE LA RENTA PRESENTÓ EL AÑO PASADO?

Federal Federal State Estatal None Ninguna

HAVE YOU POSTED BAIL FOR THIS CHARGE?
¿HA PAGADO FIANZA POR ESTE CARGO?

Yes / SI
 No / No

NAME AND ADDRESS OF BAIL BOND AGENCY OR PERSON WHO POSTED BAIL
NOMBRE Y DIRECCIÓN DE LA AGENCIA QUE GARANTIZÓ LA FIANZA O LA PERSONA QUE LA PAGÓ

AMOUNT POSTED
CANTIDAD QUE SE PAGÓ

\$



The courthouse is accessible to those with disabilities. Please notify the court if you will require assistance.

Los tribunales tienen acceso para los incapacitados. Por favor notifique al tribunal si usted está incapacitado y necesitará alguna asistencia.

PART II - EMPLOYMENT HISTORY
PARTE II - HISTORIAL DE TRABAJO

ARE YOU NOW EMPLOYED? ¿TRABAJA ACTUALMENTE? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	IF YES, LENGTH OF EMPLOYMENT SI ES ASÍ, ¿CUÁNTO TIEMPO HACE? PER POR <input type="checkbox"/> Week / Semana <input type="checkbox"/> 2 Weeks / Quincena <input type="checkbox"/> Month / Mes	CURRENT EMPLOYER, IF EMPLOYED, IF UNEMPLOYED, LAST EMPLOYER AND DATE LAST EMPLOYED SI TRABAJA, LUGAR DONDE TRABAJA ACTUALMENTE; SI ESTÁ DESEMPLEADO, NOMBRE DEL ÚLTIMO LUGAR DONDE TRABAJÓ Y LA ÚLTIMA FECHA EN QUE TRABAJÓ
EMPLOYER'S ADDRESS DIRECCIÓN DEL TRABAJO	PHONE NUMBER NÚMERO DE TELÉFONO () -	POSITION HELD PUESTO QUE OCUPA O OCUPÓ

PART III - INCOME AND ASSETS (include all assets you own by yourself or with someone else)
PARTE III - INGRESOS Y BIENES (incluya todos los bienes que son solamente suyos o que comparte con otra persona)

GROSS WAGES (before all deductions for taxes, etc.) SUELDO BRUTO (antes de las deducciones de impuestos, etc.) \$	PER POR <input type="checkbox"/> Week / Semana <input type="checkbox"/> 2 Weeks / Quincena <input type="checkbox"/> Month / Mes	OTHER INCOME RECEIVED MONTHLY (for example: welfare, social security, unemployment compensation, worker's comp, disability pension) OTROS INGRESOS QUE RECIBE POR MES (por ejemplo: asistencia pública, seguro social, indemnización por desempleo, indemnización por accidentes de trabajo, pensión por incapacidad) \$		
DO YOU RECEIVE ALIMONY OR CHILD SUPPORT? ¿RECIBE UD. PENSIÓN ALIMENTICIA O MANUTENCIÓN DE MENORES? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	BY COURT ORDER? ¿POR ORDEN JUDICIAL? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	AMOUNT RECEIVED MONTHLY CANTIDAD QUE RECIBE POR MES \$		
DOES ANYONE CONTRIBUTE TO THE PAYMENT OF YOUR EXPENSES? ¿CONTRIBUYE ALGUIEN AL PAGO DE SUS GASTOS? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	IF YES, WHO? SI ES ASÍ, ¿QUIÉN?	TOTAL AMOUNT CONTRIBUTED MONTHLY CANTIDAD TOTAL QUE CONTRIBUYE POR MES \$	MONTHLY INCOME - ALL SOURCES INGRESOS MENSUALES TOTALES - DE TODAS LAS FUENTES \$	
CHECKING ACCOUNT: BANK CUENTA CORRIENTE: BANCO	ACCOUNT NUMBER NÚMERO DE CUENTA	BALANCE SALDO \$		
SAVINGS ACCOUNT: BANK CUENTA DE AHORROS: BANCO	ACCOUNT NUMBER NÚMERO DE CUENTA	BALANCE SALDO \$		
OTHER CASH AVAILABLE OTRO DINERO EN EFECTIVO DE QUE DISPONE		AMOUNT CANTIDAD \$		
REAL ESTATE OWNED? ¿TIENE BIENES RAÍCES? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	ADDRESS DIRECCIÓN Describe / Describalos	ADDRESS DIRECCIÓN Describe / Describalos	CURRENT VALUE VALOR ACTUAL \$	
VEHICLE / VESSEL VEHÍCULO / EMBARCACIÓN <input type="checkbox"/> Auto / Auto <input type="checkbox"/> Truck / Camión <input type="checkbox"/> Motorcycle / Motocicleta <input type="checkbox"/> Moped / Moped <input type="checkbox"/> Boat / Barco	YEAR AÑO	MAKE MARCA	MODEL MODELO	CURRENT VALUE VALOR ACTUAL \$
OTHER PERSONAL PROPERTY? ¿OTROS BIENES PERSONALES? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	ITEM ARTÍCULO Describe / Describalos			CURRENT VALUE VALOR ACTUAL \$
TOTAL ASSETS VALOR TOTAL DE BIENES \$				

PART IV - EXPENSES AND LIABILITIES
PARTE IV - GASTOS Y OBLIGACIONES

DO YOU HAVE A MORTGAGE? ¿TIENE HIPOTECA? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	DO YOU PAY RENT? ¿PAGA ALQUILER? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	DO YOU LIVE IN A HALF-WAY HOUSE? ¿VIVE EN UN HOGAR DE TRANSICIÓN? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	MONTHLY PAYMENT PAGO MENSUAL \$	BALANCE OWED SALDO PENDIENTE \$	
DO YOU HAVE OUTSTANDING LOAN(S) (CAR, HOME, PERSONAL, ETC.)? ¿TIENE PRÉSTAMOS PENDIENTES (AUTO, VIVIENDA, PERSONAL, ETC.)? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No			TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL \$	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE \$	
DO YOU OWE INSURANCE PREMIUMS AND / OR SURCHARGES? ¿DEBE DINERO POR PRIMAS O RECARGOS DE SEGUROS? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No			TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL \$	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE \$	
DO YOU OWE MEDICAL EXPENSES - DOCTOR / HOSPITAL / OTHER? ¿DEBE DINERO POR GASTOS MÉDICOS - MÉDICO / HOSPITAL / OTRO? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No			TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL \$	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE \$	
DO YOU OWE CREDIT CARD BALANCES? ¿TIENE SALDOS PENDIENTES EN TARJETAS DE CRÉDITO? <input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No			CREDIT LIMIT LÍMITE DE CRÉDITO \$	TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL \$	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE \$

DO YOU OWE COURT FINES / PENALTIES / COSTS? ¿DEBEMULTAS/PENALIDADES/COSTAS JUDICIALES?		<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE
			\$	\$
ARE YOU REQUIRED TO PAY CHILD SUPPORT AND / OR ALIMONY? ¿SE REQUIERE QUE PAGUE MANUTENCIÓN DE MENORES O PENSIÓN ALIMENTICIA?		<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE
			\$	\$
DO YOU PAY FOR LIVING EXPENSES (FOOD, CLOTHING, UTILITIES, TRANSPORTATION, ETC.)? ¿PAGA GASTOS DE SUBSISTENCIA (ALIMENTOS, ROPA, SERVICIOS PÚBLICOS, TRANSPORTE, ETC.)?		<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	MONTHLY AMOUNT CANTIDAD MENSUAL	LIVING EXPENSES OWED DEUDA PENDIENTE POR GASTOS DE SUBSISTENCIA
			\$	\$
DO YOU OWE MONEY FOR ATTORNEY FEES? ¿DEBE DINERO POR HONORARIOS DE ABOGADOS?		<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL	TOTAL BALANCE OWED SALDO TOTAL PENDIENTE
			\$	\$
TOTAL LIABILITIES TOTAL DE LAS OBLIGACIONES			TOTAL MONTHLY PAYMENT PAGO MENSUAL TOTAL	TOTAL LIABILITIES TOTAL DE LAS OBLIGACIONES
			\$	\$
TOTAL NET WORTH VALOR NETO DE SU PATRIMONIO	TOTAL ASSETS VALOR TOTAL DE BIENES	-	TOTAL LIABILITIES OBLIGACIONES TOTALES	TOTAL NET WORTH VALOR NETO DE SU PATRIMONIO
\$	\$		\$	\$

PART V - ATTORNEY INFORMATION
PARTE V - INFORMACIÓN SOBRE EL ABOGADO

CAN YOU AFFORD TO PAY FOR AN ATTORNEY? ¿CUENTA CON LOS RECURSOS PARA PAGAR A UN ABOGADO?	IF YES, HOW MUCH? SI ES ASÍ, ¿CUÁNTO?	CAN PARENTS, GUARDIANS, RELATIVES OR FRIENDS HELP YOU PAY FOR AN ATTORNEY? ¿SUS PADRES, TUTORES, PARIENTES O AMIGOS LE PUEDEN AYUDAR A PAGAR A UN ABOGADO?	DID A PRIVATE ATTORNEY EVER REPRESENT YOU? ¿HA ESTADO REPRESENTADO POR UN ABOGADO PARTICULAR ALGUNA VEZ?
<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	\$	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	<input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No
NAME OF ATTORNEY NOMBRE Y APELLIDO DEL ABOGADO	ADDRESS DIRECCIÓN	PHONE NUMBER NÚMERO DE TELÉFONO	
WHO PAID FOR ATTORNEY? ¿QUIÉN PAGÓ AL ABOGADO?		AMOUNT PAID CANTIDAD QUE SE LE PAGÓ	
		\$	

PART VI - AUTHORIZATION
PARTE VI - AUTORIZACIÓN

I AUTHORIZE THE COURT OR THE ADMINISTRATIVE OFFICE OF THE COURTS TO CONDUCT SUCH INVESTIGATION AS MAY BE NECESSARY TO VERIFY MY FINANCIAL STATUS, WHICH MAY INCLUDE BUT MAY NOT BE LIMITED TO A REVIEW OF MY CREDIT HISTORY, STATE AND/OR FEDERAL INCOME TAX RETURNS, WAGE RECORDS, BANK ACCOUNTS AND OTHER FINANCIAL INSTITUTION RECORDS.	AUTORIZO AL TRIBUNAL O A LA OFICINA ADMINISTRATIVA DE LOS TRIBUNALES A REALIZAR CUALQUIER INVESTIGACIÓN QUE SEA NECESARIA PARA VERIFICAR MI SITUACIÓN ECONÓMICA, QUE PODRÁ INCLUIR PERO NO ESTAR LIMITADA A UN ESTUDIO DE MI HISTORIAL DE CRÉDITO, DECLARACIONES DE IMPUESTOS ESTATALES Y FEDERALES, HISTORIAL DE SUELDOS, CUENTAS BANCARIAS Y REGISTROS DE OTRAS ENTIDADES FINANCIERAS.		
SIGNATURE FIRMA	DATE FECHA	WITNESS, NAME AND POSITION TESTIGO, NOMBRE Y APELLIDO, PUESTO	DATE FECHA

PART VII - CERTIFICATION PURSUANT TO NEW JERSEY COURT RULE 1:4-4(b)
PARTE VII - CERTIFICACIÓN CONFORME A LA REGLA JUDICIAL 1:4-4(b) DE NUEVA JERSEY

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE AND UNDERSTAND THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILFULLY FALSE, I AM SUBJECT TO PUNISHMENT.	CERTIFICO QUE LAS DECLARACIONES ANTERIORES SON CIERTAS. SÉ Y ENTIENDO QUE SI ALGUNA DE LAS DECLARACIONES HECHAS POR MÍ ES INTENCIONALMENTE FALSA, PUEDO SER CASTIGADO.
SIGNATURE FIRMA	DATE FECHA

FOR COURT USE ONLY
PARA USO DEL TRIBUNAL SOLAMENTE

COUNSEL ASSIGNED
ABOGADO ASIGNADO

Yes / Sí No / No

APPLICATION FEE
COSTO DE LA SOLICITUD

ASSESSED \$ _____
SE IMPONE

WAIVED
NO SE IMPONE

PARTIAL PAYMENT SCHEDULE _____
PLAN DE PAGOS PARCIALES

COUNSEL DENIED - REASONS
SE LE DENEGÓ UN ABOGADO DE OFICIO-MOTIVOS


APPROVED BY JUDGE
APROBADO POR EL JUEZ

Yes / Sí No / No

SIGNATURE
FIRMA

DATE
FECHA

NOTES
APUNTES

Court I.D. <input style="width: 100%;" type="text"/>	Prefix <input style="width: 100%;" type="text"/>	Ticket / Complaint Number <input style="width: 100%;" type="text"/>	Plea by Mail (R. 7:12-3 and R. 7:6-3)	
Municipal Court				

Charge: _____

Note: This form can only be used to enter a plea for one charge, i.e., one charge per form. Please complete all sections of this form and return it to the Municipal Court. If you want to plead by mail using this form you must complete and return the form by the date listed on your Municipal Court notice or complaint/ticket or you may be required to appear at your scheduled hearing.

State of New Jersey vs.

Defendant's Name: First		M.I.	Last	
Defendant's Address: Street			Defendant's Telephone Number	
City	State	Zip Code	Defendant's Email	

Section 1. Instructions and Information

This form can only be used to plead not guilty or guilty in certain traffic (including parking) cases or to plead guilty in certain non-traffic cases. See court rules 7:12-3 and 7:6-3. For example, you cannot use this form to plead in cases involving domestic violence, where the defendant's identity is at issue, in a traffic accident with personal injury, or where the penalty involves a mandatory license suspension. Please contact the Municipal Court for any questions on whether your charge is eligible.

- You have the right to a reasonable postponement. You have the right to be informed of your charges and the penalties you face for those charges. You have the right to retain an attorney or apply for a public defender if you cannot afford an attorney. You have the right to remain silent. You have the right to contest your case at trial, including the right to be present at the trial, to cross-examine any witnesses, and to call witnesses to testify for your defense.
- If you are not a United States (U.S.) citizen and if you plead guilty to or are convicted of certain offenses heard in the Municipal Court, including some motor vehicle offenses, it may result in your being deported from the U.S., may prevent you from being re-admitted to the U.S. if you leave voluntarily, or it may prevent you from ever becoming a naturalized U.S. citizen. You have the right to seek advice from an attorney about the effect a guilty plea will have on your immigration status.
- If you plead guilty or the judge finds you guilty of an offense other than parking, a record of the conviction may be sent to the NJ Motor Vehicle Commission and, if your license was not issued by NJ, to the motor vehicle agency of the state that issued your driver's license.

Plea by Mail Form

- The judgment of the court will be sent to you electronically or by ordinary mail at the above address and if you plead guilty or are found guilty you must pay all fines, penalties, and costs imposed by the court. You have the right to appeal within 20 days of the date of the decision or sentence. Information on how to appeal the Municipal Court’s decision may be obtained from the Municipal Court or the Judiciary’s website at www.njcourts.gov.

If you plead “Not Guilty,” the Municipal Court judge will hear the testimony of the complaining witness or other witnesses, review any facts you choose to present in Section 3 in your defense, and decide the case based on the testimony and facts presented.

If you plead “Guilty,” the Municipal Court judge will consider any facts you choose to present in Section 3 to explain what happened before imposing any penalty against you.

Before determining the penalty, the Municipal Court judge may consider comments from the complaining witness, other witnesses, or the prosecutor.

Section 2. Plea – Waivers and Acknowledgments

For Traffic (Including Parking) Cases ONLY:

Plea of NOT GUILTY

- I plead “**Not Guilty**” to the above charge. I present the following facts in Section 3 (below) in my defense.

Plea of GUILTY

- I voluntarily plead “**Guilty**” to the above charge. By doing so:
 - I understand the nature of the charges against me and the consequences of my guilty plea.
 - I waive my rights as described in Section 1, including the right to counsel, (if I am not represented by counsel), my right to remain silent, and my right to contest my case at trial.
 - I present the following facts in Section 3 below for the Municipal Court judge’s consideration in determining the appropriate sentence.

Plea of Guilty for Non-Traffic Cases ONLY:

(Pleas of guilty **only** permitted in these cases via this form).

- I voluntarily plead “**Guilty**” to the above charge. By doing so:
 - I understand the nature of the charges against me and the consequences of my guilty plea.
 - I waive my right to counsel, (if I am not represented by counsel), my right to remain silent, and my right to contest my case at trial, as described in Section 1.
 - I present the following facts in Section 3 below for the Municipal Court judge’s consideration in determining the appropriate sentence.

Section 3. Presentation of Facts in Defense or for Consideration in Sentencing

Pleas of NOT GUILTY

I present the following facts in **defense** for the Municipal Court judge's consideration in making a decision about my guilt. The State (prosecutor) may also provide information to the court.

(Use additional sheets, if necessary. You must date and sign each additional sheet.)

Pleas of GUILTY

I admit to engaging in the conduct identified on the complaint against me on the above charge.

I present the following information for the Municipal Court judge's consideration in determining the appropriate sentence.

(Use additional sheets, if necessary. You must date and sign each additional sheet.)

Section 4. Certification

I have read and acknowledge the above. I agree and certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

s/ _____
Defendant's Signature