**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**

**IL 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)** +5

=$

**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:**