

UNITED STATES COURT OF APPEALS FOR THE THIRD CIRCUIT

- SUPPLEMENT TO CJA FORM 23 -

DEFENDANT'S FINANCIAL STATUS

**Instructions:** Provide the requested information as fully as possible. Attach additional pages and explanations as necessary. Serve a copy of this form on the U.S. Attorney and defense counsel, if any, and return to this Court. Your CJA Form 23 cannot be processed without this additional information.

Name: \_\_\_\_\_

Caption: \_\_\_\_\_

Court of Appeals No.: \_\_\_\_\_

District Court No.: \_\_\_\_\_

**Total Assets:** List all assets, including but not limited to the following: bank accounts, securities, real estate, life insurance, personal property, etc.

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL ASSETS</b>	=====



**Total Liabilities:** List all liabilities and unsecured debts, including but not limited to all mortgages, credit card balances, car loans, loans, etc.

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL LIABILITIES AND  
UNSECURED DEBTS

====

**Networth:** (Total Assets Minus Total Liabilities)

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**Monthly Income:** Include all taxable and non-taxable income, interest, dividends, etc.

<u>Item</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL INCOME

====

**Monthly Expenses:** Includes mortgages, rent, utilities, telephone, groceries, medical, clothing, installment payments.

<u>Item</u>	<u>Amount</u>
Mortgage/rent	_____
Utilities:	
Electric	_____
Heating oil/gas	_____
Water/sewer	_____
Telephone	_____
Groceries/supplies	_____
Insurance:	
Health	_____
Life	_____
Homeowners	_____
Other _____	
	_____
	_____
	_____
Minimum installment payments (e.g., credit cards)	_____
Transportation	_____
Repair bills	_____
Medical	_____
Clothing	_____
Other _____	
	_____
	_____
<b>TOTAL EXPENSES</b>	=====

I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Signature

REV. 7/93