

# CONSIDERATION for INDIGENT STATUS

Name: \_\_\_\_\_ ODOC Number: \_\_\_\_\_

## INCOME (must be less than \$1,595 per month)

Employment:

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

Date of Employment: \_\_\_\_\_

Rate of Pay per week: \_\_\_\_\_

Public Assistance

____ TANF	\$ _____/month	Date began: _____
____ Food Stamps	\$ _____/month	Date began: _____
____ Housing Asst.	\$ _____/month	Date began: _____
____ SSI	\$ _____/month	Date began: _____
____ Disability	\$ _____/month	Date began: _____
____ Veteran's Benefits	\$ _____/month	Date began: _____

Other Assets:

____ Home	Approximate value: _____
	Amount owed: _____
____ Vehicle	Approximate value: _____
	Amount owed: _____

## LIABILITIES

____ Housing expense	\$ _____/month
____ Utilities	\$ _____/month
____ Loan payments	\$ _____/month
____ Insurance/misc.	\$ _____/month
____ Living expenses	
Food	\$ _____/month
Entertainment	\$ _____/month
Other	\$ _____/month
____ Court ordered payments	\$ _____/month