

**10-510. Affidavit of indigency; abuse or neglect.**

[For use with Section 32A-4-10 NMSA 1978]

STATE OF NEW MEXICO  
COUNTY OF \_\_\_\_\_  
\_\_\_\_\_ JUDICIAL DISTRICT  
IN THE CHILDREN'S COURT

STATE OF NEW MEXICO ex rel.  
CHILDREN, YOUTH AND FAMILIES DEPARTMENT

No. \_\_\_\_\_

In the Matter of

\_\_\_\_\_, (a) Child(ren), and Concerning  
\_\_\_\_\_, Respondent(s).

**AFFIDAVIT OF INDIGENCY**

I give upon my oath or affirmation the following statement:

My marital status is single \_\_\_ married \_\_\_ divorced \_\_\_ separated \_\_\_ widowed \_\_\_.

**INFORMATION ABOUT MY FINANCES (Check all that apply and fill in the blanks.)**

**A. PUBLIC ASSISTANCE**

\_\_\_ I do not receive public assistance. (If you check this blank, go directly to Section B, EMPLOYMENT/UNEMPLOYMENT).

\_\_\_ I currently receive the following public assistance in \_\_\_\_\_  
County

(please check all applicable public assistance programs):

Temporary Assistance for Needy Families (TANF) \_\_\_;

Food Stamps \_\_\_;

General Assistance (GA) \_\_\_;

Public Housing \_\_\_;

Department of Health Case Management Services (DHMS) \_\_\_;

Medicaid \_\_\_;

Supplemental Security Income (SSI) \_\_\_;

Social Security Disability Income (SSDI) \_\_\_;

Veterans Disability Benefits (VA) \_\_\_;

Other (please describe) \_\_\_\_\_.

**B. EMPLOYMENT/UNEMPLOYMENT**

\_\_\_ I am currently unemployed and have been unemployed for \_\_\_ months in the past year. I am unemployed because \_\_\_\_\_  
month. \_\_\_ I receive unemployment benefits in the amount of \$\_\_\_\_\_ per  
\_\_\_ I have no income because I am unemployed.

\_\_\_ I am employed. My employer's name, address, and phone number is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ I am self-employed. \_\_\_\_\_ (*Describe nature of the business.*)

\_\_\_ I am paid  
\_\_\_ daily  
\_\_\_ weekly  
\_\_\_ every other week  
\_\_\_ twice a month  
\_\_\_ once a month.

When I am paid, my net take-home pay minus deductions required by law, like state and federal tax withholding and FICA, is \$\_\_\_\_\_.

\_\_\_ I am married, and my spouse is unemployed and has been unemployed for \_\_\_ months in the past year because

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_ My spouse receives unemployment benefits in the amount of \$\_\_\_\_\_ per month.

\_\_\_ My spouse does not have an income because he or she is unemployed.

\_\_\_ I am married, and my spouse is employed. My spouse's employer's name, address, and phone number is:

\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_ I am married, and my spouse is self-employed. \_\_\_\_\_  
(Describe nature of the business.)

\_\_\_ My spouse is paid  
\_\_\_ daily  
\_\_\_ weekly  
\_\_\_ every other week  
\_\_\_ twice a month  
\_\_\_ once a month.  
When my spouse is paid his or her net take-home pay minus deductions required by law, like state and federal tax withholding and FICA, is \$ \_\_\_\_\_.

**C. OTHER SOURCES OF INCOME**

\_\_\_ I have income from another source not mentioned above.  
\_\_\_ Child support \$ \_\_\_\_\_  
\_\_\_ Alimony \$ \_\_\_\_\_  
\_\_\_ Investments \$ \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ I do not have any other sources of income.

\_\_\_ I am married, and my spouse has income from another source not mentioned above.  
\_\_\_ Child support \$ \_\_\_\_\_  
\_\_\_ Alimony \$ \_\_\_\_\_  
\_\_\_ Investments \$ \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ I am married, and my spouse does not have any other sources of income.

**D. OTHER ASSETS** (Please list other assets owned by you or your spouse that can be turned into cash. Do not include money you have in retirement accounts.)

Cash on hand \$ \_\_\_\_\_  
Bank accounts \$ \_\_\_\_\_  
Stocks/bonds \$ \_\_\_\_\_  
Income tax refund \$ \_\_\_\_\_  
Real estate (other than primary residence) value: \$ \_\_\_\_\_ debt: \$ \_\_\_\_\_  
Vehicles (other than primary vehicle) value: \$ \_\_\_\_\_ debt: \$ \_\_\_\_\_  
Other assets (describe below):  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**IF YOU DO NOT HAVE ACCESS TO YOUR OWN OR YOUR SPOUSE'S INCOME OR ASSETS, EXPLAIN WHY.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**E. EXCEPTIONAL EXPENSES:**

Medical expenses ( <i>not covered by insurance</i> )	\$ _____
Medical insurance payments	\$ _____
Court ordered support payments/alimony	\$ _____
Child care payments ( <i>e.g., day care</i> )	\$ _____
Any funds garnished from paycheck	\$ _____
Other ( <i>describe</i> )	\$ _____
<b>TOTAL EXCEPTIONAL EXPENSES</b>	<b>\$ _____</b>

**F. HOUSEHOLD**

I live at \_\_\_\_\_.

Other than myself, the other members of my household are:

Name	Age	Employment	I Support
_____	_____	_____	(       )
_____	_____	_____	(       )
_____	_____	_____	(       )
_____	_____	_____	(       )
_____	_____	_____	(       )
_____	_____	_____	(       )
_____	_____	_____	(       )

***This statement is made under oath. I hereby state that the above information regarding my financial condition is correct to the best of my knowledge. I hereby authorize the court to obtain information from financial institutions, employers, relatives, the federal internal revenue service, and other state agencies. I understand that the court may require documentation for any information listed above. If at any time the court discovers that information in this affidavit was false, misleading, inaccurate, or incomplete at the time the application was submitted, the court may require me to pay for any costs or fees that were waived based on the information in this application.***

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_

(Print name)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City, state, and zip code)

\_\_\_\_\_  
(Telephone)

State of \_\_\_\_\_ )

) ss.

County of \_\_\_\_\_ )

Signed and sworn or affirmed to before me on \_\_\_\_\_  
(date) by \_\_\_\_\_ (name of applicant).

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**GUIDELINES FOR DETERMINING ELIGIBILITY**

Court administration or the respondent’s attorney shall assist the respondent in completing this form. This form should be served with the petition on the respondent.

An applicant is presumed indigent if the applicant is the current recipient of aid from a state or federally administered public assistance program, such as Temporary Assistance for Needy Families (TANF), General Assistance (GA), Supplemental Security Income (SSI), Social Security Disability Income (SSDI), VA Disability Benefits, Department of Health Case Management Service (DHMS), Food Stamps, Medicaid, or public assisted housing.

An applicant who is not presumptively indigent can, nevertheless, establish indigency by showing in the application that the applicant’s available funds (annual income + assets - expenses) do not exceed one hundred fifty percent (150%) of the federal poverty guidelines established by the United States Department of Health and Human Services. (See [www.aspe.hhs.gov/poverty/](http://www.aspe.hhs.gov/poverty/) for current federal poverty guidelines.)

A presumption of indigency under this rule does not require the court to find an applicant indigent and therefore entitled to a court appointed attorney if it appears from the application that the applicant is otherwise able to pay.

Even if an applicant cannot establish indigency, the court may still appoint an attorney if, in the court’s discretion, appointment of counsel is required in the interests of justice.

If at any time the court discovers that information in an application for indigency was false, misleading, inaccurate, or incomplete at the time the application was submitted, and that the determination of indigency was improvidently made, the court may require the applicant to pay the court-appointed attorney fees.

[Adopted by Supreme Court Order No. 10-8300-022, effective August 30, 2010; 10-456A recompiled and amended as 10-510 by Supreme Court Order No. 14-8300-009, effective for all cases filed or pending on or after December 31, 2014.]