

9-301A. Pretrial release financial affidavit.

[For use with District Court Rule 5-401 NMRA,
Magistrate Court Rule 6-401 NMRA,
Metropolitan Court Rule 7-401 NMRA, and
Municipal Court Rule 8-401 NMRA]

STATE OF NEW MEXICO
[COUNTY OF _____]
[CITY OF _____]
_____ COURT

STATE OF NEW MEXICO
[COUNTY OF _____]
[CITY OF _____]

v. No. _____

_____, Defendant.

PRETRIAL RELEASE FINANCIAL AFFIDAVIT

(This form may be used to gather the available information concerning the defendant's employment status, employment history, and financial resources available to secure a bond.)

INCOME & ASSETS

A. EMPLOYMENT

Are you now employed? Yes ___ No ___

If yes, please provide the name and address of employer.

How much do you earn per month?

If no, give month and year of last employment. _____

How much did you earn per month? _____

Do you receive unemployment benefits? Yes ___ No ___

If yes, how much do you receive per month? _____

If married, is your spouse employed? Yes ___ No ___

If yes, how much does your spouse earn per month? _____

B. PUBLIC ASSISTANCE

Do you receive public assistance? Yes ___ No ___

If yes, please check the applicable programs and list how much you receive per month.

Department of Health Case Management Service (DHMS) _____

Temporary Assistance for Needy Families (TANF) _____

General Assistance (GA) _____

Food Stamps _____

Medicaid _____

Public Housing _____

Social Security Income/Social Security Disability Income _____

A Disability _____

C. OTHER INCOME

Have you received within the past 12 months any income from other sources?

Yes ___ No ___

If yes, give value and description for each.

D. ASSETS

Do you have any cash on hand or money in savings or checking accounts?

Yes ___ No ___

If yes, total amount?

Do you own any real estate, automobiles, or other valuable property (excluding ordinary household furnishings)? Yes ___ No ___

If yes, give value and description for each.

OBLIGATIONS & DEBTS

A. DEPENDENTS

List persons you actually support and your relationship to them.

B. MONTHLY EXPENSES

House payment/rent

Utilities _____

Groceries (after food stamps) _____

Car payment _____

Gas _____

Insurance _____

Child care _____

Student and consumer loans _____

Court-ordered family support obligations _____

Other court-ordered payments _____

Medical expenses _____

Other _____

I hereby swear or affirm 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.

Defendant's Signature

Date

Defendant's Printed Name

USE NOTES

Use of this form is optional. A defendant may use this form to support a motion or petition for pretrial release under Rule 5-401(H) or (K) NMRA, Rule 6-401(H) or (J) NMRA, Rule 7-401 (H) or (J) NMRA, or Rule 8-401(G) or (I) NMRA.

[Adopted by Supreme Court Order No. 17-8300-005, effective for all cases pending or filed on or after July 1, 2017.]