

CIA 23 (Rev. 11/11)		<b>FINANCIAL AFFIDAVIT</b>															
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE																	
IN THE UNITED STATES <input checked="" type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below)		LOCATION NUMBER															
IN THE CASE OF <u>USA v. Merrett</u>		FOR <u>Southern District of Iowa</u> AT <u>Des Moines</u>															
PERSON REPRESENTED (Show your full name) <u>Daron Johnson Merrett</u>		DOCKET NUMBERS Magistrate Judge <u>14-MJ-161</u> District Court Court of Appeals															
CHARGE/OFFENSE (describe if applicable & check box →) <u>Drug conspiracy</u> <u>Delivery</u>		<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor															
<b>ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY</b>																	
<b>INCOME &amp; ASSETS</b>	<b>EMPLOYMENT</b>	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____															
	<b>OTHER INCOME</b>	If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u> IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____															
	<b>CASH</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, give the amount received and identify the sources															
	<b>PROPERTY</b>	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____ Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, give value and description for each															
	RECEIVED SOURCES																
<b>OBLIGATIONS &amp; DEBTS</b>	<b>DEPENDENTS</b>	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced Total No. of Dependents _____ List persons you actually support and your relationship to them															
	<b>DEBTS &amp; MONTHLY BILLS</b> (Rent, utilities, loans, charge accounts, etc.)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">DESCRIPTION</th> <th style="width: 20%;">TOTAL DEBT</th> <th style="width: 20%;">MONTHLY PAYMENT</th> </tr> </thead> <tbody> <tr> <td> </td> <td>\$</td> <td>\$</td> </tr> <tr> <td> </td> <td>\$</td> <td>\$</td> </tr> <tr> <td> </td> <td>\$</td> <td>\$</td> </tr> <tr> <td> </td> <td>\$</td> <td>\$</td> </tr> </tbody> </table>		DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT		\$	\$		\$	\$		\$	\$		\$
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	\$	\$															

I certify under penalty of perjury that the foregoing is true and correct.

 SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

Date