**HILL COUNTY DRUG/DUI COURT**

**JUSTICE COURT, HILL COUNTY, HAVRE, MONTANA**

**BEFORE AUDREY BARGER, JUSTICE OF THE PEACE**

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

IN THE MATTER OF ) Cause No. HCDC-\_\_-\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) **INDIGENCY QUESTIONNAIRE**

Treatment Court Participant. )

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

ANSWER ALL QUESTIONS. USE N/A IF NOT APPLICABLE

STATE OF MONTANA )

: ss.

County of Hill )

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn, depose and say:

1, That I am ready to:

\_\_\_\_\_\_\_ move to Phase \_\_\_\_\_; or

\_\_\_\_\_\_\_ graduate from one of the Hill County Treatment Courts but

2. I am unable to pay the:

\_\_\_\_\_\_ required treatment court participant fees; or

\_\_\_\_\_\_ obtain the funds to pay for the Prime for Life Program.

3. I request the Court to waive the required participant fees or completion of the Prime for Life Program to:

\_\_\_\_\_\_ move to Phase \_\_\_\_\_; or

\_\_\_\_\_\_ graduate from one of the Hill County Treatment Courts

due to indigency.

**I. PERSONAL INFORMATION:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_

Employed? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ Self-Employed? Yes\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Employer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month last employed \_\_\_\_\_\_\_\_ Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Single \_\_\_\_\_\_\_\_\_ Married \_\_\_\_\_\_\_\_\_\_ Divorced \_\_\_\_\_\_\_\_\_\_ Separated \_\_\_\_\_\_\_\_\_\_

Dependents? Spouse’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

SSN \_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sharing expenses with anyone? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sharing income with anyone? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Number of children \_\_\_\_\_ Age(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. INCOME:**

Income available:

My monthly wages/salary $\_\_\_\_\_\_\_\_\_ AFDC $\_\_\_\_\_\_\_\_\_

Other wages/salary $\_\_\_\_\_\_\_\_\_ Unemployment $\_\_\_\_\_\_\_\_\_

Workers’ Comp $\_\_\_\_\_\_\_\_\_ SSI $\_\_\_\_\_\_\_\_\_

Food Stamps $\_\_\_\_\_\_\_\_\_ Medicaid $\_\_\_\_\_\_\_\_\_

Pension $\_\_\_\_\_\_\_\_\_ Retirement $\_\_\_\_\_\_\_\_\_

Child Support $\_\_\_\_\_\_\_\_\_ Other Income $\_\_\_\_\_\_\_\_\_

Total Household Income:

Last Month $\_\_\_\_\_\_\_\_\_ Previous 12 Months $\_\_\_\_\_\_\_\_\_

**III. ASSETS:**

A. Motor Vehicle(s)? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_\_\_\_

Spouse’s motor vehicle(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is/are these vehicle(s) paid for? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ If not, how much

do you owe?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_ Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Do you or your spouse own any land or other real estate, or are you or your spouse buying any? Yes \_\_\_ No\_\_\_ What is the approximately value? $\_\_\_\_\_\_

How much did you pay for it? $\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is it paid for? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

If not, how much do you or your spouse owe? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Checking account(s)? Yes \_\_\_\_\_ No \_\_\_\_\_\_ Balance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings accounts(s)? Yes \_\_\_\_\_ No \_\_\_\_\_\_ Balance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks or bonds? Yes \_\_\_\_\_ No \_\_\_\_\_\_ Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wages due but not yet received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Money owed to me or my spouse $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guns, boats, sporting equipment,

Trailer, camper, or tools $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stereo or TV $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furniture & appliance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other personal property $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. OBLIGATION/DEBTS:**

Monthly Expenses:

Home: Own \_\_\_\_\_\_\_ Rent \_\_\_\_\_\_\_\_\_ Monthly payment $\_\_\_\_\_\_\_\_\_\_\_\_\_

Heat/Lights $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone $\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School $\_\_\_\_\_\_\_\_\_\_\_\_\_

Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $\_\_\_\_\_\_\_\_\_\_\_\_\_

Miscellaneous Expenses: (What for/monthly payment)

I further declare that I am the person named above, that I have read the foregoing questions and information and know the same to be true of my own knowledge, AND THAT IF ANY PART OF THE ABOVE IS MADE FALSELY I AM SUBJECT TO PROSECUTION FOR PERJURY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for the State of Montana

Residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDER**

The Court having reviewed the above Indigency Questionnaire, \_\_\_\_\_\_\_ finds

\_\_\_\_\_ does not find good cause for waiving:

\_\_\_\_\_\_\_\_ participant fees in the amount of $\_\_\_\_\_\_\_\_; or

\_\_\_\_\_\_\_\_ completion of the Prime for Life Program under the DUI Court

prior to: entering into \_\_\_\_\_ Phase \_\_\_\_\_; or \_\_\_\_\_\_\_\_ graduating from treatment Court due to indigency which precludes the participant from paying the participation fee and/or the fee for the Prime for Life Program**. THIS WAIVER DOES NOT WAIVE THE PARTICIPANT’S MANDATORY STATUTORY OBLIGATION TO COMPLETE THE PRIME FOR LIFE PROGRAM PURSUANT TO CONVICTION UNDER ANY IMPAIRED DRIVING PENALTY STATUTE OUT OF THE REFERRING COURT.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hon. Audrey Barger

Hill County Treatment Court Judge