 Court
 County
Tennessee

UNIFORM AFFIDAVIT OF INDIGENCY FOR PURPOSES OF ELECTRONIC MONITORING INDIGENCY FUND (T.C.A. § 55-10-419)

Case Number or Warrant Number

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PART I . Full Name:		2. Other names used:
Birth date:		4. Address:
. Telephone Nos.: (Home)	(Work)	(Other)
Are you working anywhere? Yes ()	No () Where	
. How much do you make?	(weekly, monthly, etc.)	
8. Do you receive any governmental ass What is its value?		
Do you own any property (house, car What is its value?		
0. Total annual income after taxes is: \$	\$	
PART II 1. Number of members in your housely	ıold:	-
2. Names & ages of all dependents:		relationship
3. All my income from all sources (inclisability, pension, unemployment, alin		wages, interest, gifts, AFDC, SSI, social security, retirement on, etc.):
lisability, pension, unemployment, alin	mony, worker's compensation	
lisability, pension, unemployment, alin \$ per	mony, worker's compensation	on, etc.):
s per	mony, worker's compensation from from	on, etc.):
\$ per \$ per \$ per 4. All money available to me from any	mony, worker's compensation from from from y source:	on, etc.):
sability, pension, unemployment, alin per per per All money available to me from any A. Cash B. Checking, Saving, or CD Account	nony, worker's compensation from from from y source: nt(s)-give bank, acct. no., ba	alance
\$ per \$ per \$ per 4. All money available to me from any A. Cash B. Checking, Saving, or CD Account C. Debts owed me D. Investments	from fr	alance
s per per \$ per 4. All money available to me from any A. Cash B. Checking, Saving, or CD Account C. Debts owed me D. Investments E. Other	from fro	alance
\$ per \$ per \$ per 4. All money available to me from any A. Cash B. Checking, Saving, or CD Account C. Debts owed me D. Investments	from	alance

Rev. 04/2025

Authority: T.C.A. § 55-10-419

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	VS	

		vs	
16. All vehicles/vessels owned by m	ne, solely or jointly, within	the last six months (including	ng but not limited to cars, trucks,
motorcycles, farm equip., boats etc.)):		
	value \$	amt. owed	
	value \$	amt. owed	
	value \$	amt. owed	
17. All real estate owned by me, solu	ely or jointly, within the la	st six months (including lan	d, lots, houses, mobile homes, etc.):
	value \$	amt. owed	
	value \$	amt. owed	
18. All assets or property not already	y listed owned within the la	ast six months or expected in	n the future:
	value \$	amt. owed	
·	value \$	amt. owed	
19. I am out of jail on bond of \$ paid by	made by	·	The money to make bond, \$ was
20. Other circumstances that the cou	art may find relevant to the	issue of indigency:	
_			
PART III 21. Acknowledging that I am still ur legal or equitable interest.	nder oath, I certify that I ha	ve listed in Parts I and II all	l assets in which I hold or expect to hold any
22. I agree to file a copy of my most	recent income tax return i	f requested by the court.	
sentenced to jail for up to 11 month	s, 29 days or be fined up to t. I also understand that I	o \$2,500, or both, if I intent may be required by the Cou	a Class A misdemeanor for which I can be ionally misrepresent, falsify or withhold an art to produce other information in support of cy fund.
This day of	,		·····
		Defendant	
Sworn to and Subscribed before me	this day of	·	
		Judge/Clerk	

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_	Court County Tennessee	ORDER REGARDING INDIGENCY DETERMINATION FOR PURPOSES OF ELECTRONIC MONITORING INDIGENCY FUND (T.C.A. § 55-10-419) page 3 of 4	Case Number or Warrant Number
_		VS	
I here		owing: ned defendant is NOT indigent and does not qualify for financial assist, other alternative alcohol or drug monitoring device, or global position	
I hereby find that the above-named defendant is indigent and, subject to availability of funds, qualifies for financial assistance to pay costs associated with a transdermal monitoring device, other alternative alcohol or drug monitoring device, or global positioning monitoring system.			
If defendant is declared indigent, the Judge must complete the next sections:			
1. ADefendant is ordered to pay a minimum of \$30.00 per month toward the eligible costs for an alterative device, pursuant to T.C.A. § 55-10-419(h)(2).			

B. ____Defendant is found to have the ability to pay more than the required \$30.00 per month of the costs associated with the required device, and is ordered to pay \$_____, pursuant to T.C.A. §55-10-419(h)(2).

____ Costs associated with the required device in the amount of \$_____, [not to exceed

The total cost of the required device is \$______. [This is sum of Defendant's portion (A or B) and EMIF portion (C), and must not to exceed \$200.00/month]

Signature of Judge

\$170/month, per device, pursuant to T.C.A. §55-10-419(h)(2)] may be reimbursed to the provider by the

Other alternative alcohol or drug monitoring device (List type of device:______

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Date

4. Type of device(s) ordered:

____ Transdermal monitoring device

Global positioning monitoring system

OR

AND

electronic monitoring indigency fund if eligible.

2. Length of time the defendant is ordered to use/wear the device: _____

3. Number of devices the defendant is ordered to use/wear:_____

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	vs	

NOTICE TO DEFENDANT: YOU MAY NOT BE CHARGED ANY AMOUNTS FOR ELECTRONIC MONITORING THAT ARE NOT AUTHORIZED BY THIS COURT ORDER. T.C.A. §55-10-419(1).

****** A copy of this form must be submitted to the device provider of the transdermal monitoring device, other alternative alcohol or drug monitoring device, or global positioning monitoring devices. The device provider must submit a copy of this form to the County Government in which the issuing Court is located in form and fashion acceptable to said County prior to being reimbursed, along with a copy of the signed court order indicating that the use of the device(s) has been ordered by the Court. Pursuant to T.C.A. § 55-10-419(a)(1)(B), no more than two hundred dollars (\$170.00) per month shall be expended from the fund to pay the costs associated with the device.