

IN THE DISTRICT COURT OF CRAIGHEAD COUNTY,
LAKE CITY, ARKANSAS

PLAINTIFF

VS

CASE#: _____

DEFENDANT

** Last four digits of Social Security Number: _____

AFFIDAVIT OF FINANCIAL MEANS AFTER JUDGMENT

ACA 16-66-221 REQUIRES THAT YOU PREPARE A SCHEDULE VERIFIED BY AFFIDAVIT, OF ALL YOUR PROPERTY BOTH REAL AND PERSONAL, INCLUDING MONEYS, BANK ACCOUNTS, RIGHTS, CREDITS AND CHOSES IN ACTION HELD BY YOURSELF OR OTHERS FOR YOU, AND THAT YOU SPECIFY WHAT PROPERTY YOU CLAIM EXEMPT UNDER THE PROVISIONS OF THE LAW. YOU WILL ALSO NEED TO PROVIDE THE PLAINTIFF WITH YOUR SOCIAL SECURITY NUMBER BY SEPARATE LETTER.

THE STATUTE REQUIRES THAT YOU FILE THE SCHEDULE WITH THE CLERK OF THE COURT WHERE THE JUDGMENT IS FILED WITHIN 45 DAYS OF THE FILING OF THE JUDGMENT. THE FOLLOWING IS A SCHEDULE AND AFFIDAVIT. COMPLETE IT, AND FILE IT WITH THE CLERK'S OFFICE. IF AN ATTORNEY IS INVOLVED, SEND PLAINTIFF'S ATTORNEY A COPY.

LIST ALL ASSETS IN YOUR NAME HELD SOLELY OR WITH ANOTHER PERSON:

1. BANK(S)/CREDIT UNION(S):

Name of Institution: _____
Address: _____
Type of Account: _____
Account Number: _____
Current Balance: _____

Name of Institution: _____
Address: _____
Type of Account: _____
Account Number: _____
Current Balance: _____

2. REAL ESTATE:(Please include legal description if known)

Street Address: _____
City/State: _____

3. VEHICLES:(Please include automobiles, trucks, boats, airplanes, jet skis, jeeps, and other vehicles)

Make: _____ Model: _____ Year: _____ Mileage: _____
License Number: _____
Amount of lien against vehicle: _____
Lien holder: _____

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License Number: _____
Amount of lien against vehicle: _____
Lien holder: _____

4. STOCKS, BONDS, GOLD, SILVER, GEMS, JEWELRY, COLLECTIBLES, etc.:

(Name number of shares or description, value, and where located.)

5. EMPLOYER(s) or Other Source of Income:

Name: _____ Rate of Pay: \$ _____ /hr
Address: _____ /week
Phone #: _____ /2 weeks
Phone #: _____ /month
Name: _____ Rate of Pay: \$ _____ /hr
Address: _____ /week
Phone #: _____ /2 weeks
Phone #: _____ /month

6. BUSINESS INTERESTS:

Name: _____
Address: _____
Phone #: _____
Type of Business: _____

Name(s) of other owner(s) if business is owned jointly: _____
Percentage of ownership: _____

7. VALUE AND LIST OF HOUSEHOLD FURNITURE, FURNISHINGS OR PERSONAL EFFECTS:

8. OTHER PERSONAL PROPERTY NOT LISTED:

9. DEBTORS OWING YOU MONEY:

Name: _____
Address: _____
Phone #: _____

10. PROPERTY WHICH YOU CLAIM AS EXEMPT: (Ask your Attorney)

11. IN WHICH COUNTY AND STATE DID YOU LAST ASSESS? _____

******PLEASE WAIT TO SIGN IN FRONT OF CLERK'S WINDOW******

I hereunto set my hand in seal and swear or affirm the above is whole, true and correct.

Defendant

Defendant (2nd)

Subscribed and sworn to before me this _____ day of _____, _____.

District Court Clerk