

**Office Use Only**      Date Rec'd: .....

Case Name: .....

Case #: .....



## FINANCIAL AFFIDAVIT FOR THE GRATUITOUS SERVICES OF A CANONICAL ADVOCATE

DIOCESE OF MADISON-TRIBUNAL · 702 S. High Point Road, Suite 225 · Madison, WI 53719-4926 · 608-821-3060 · tribunal@madisondiocese.org

*This form must be filled out in its entirety for consideration for the gratuitous services of a canonical advocate.*

Full name of person requesting gratuitous legal assistance: .....

### CONCERNING DEPENDENTS

What is your civil marital status?   ☐ Single   ☐ Married   ☐ Widowed   ☐ Separated   ☐ Divorced

List of persons you actually support .....  
and your relationship to them: .....

*Attach additional sheets as needed.*

### CONCERNING INCOME AND ASSETS

Are you now employed?   ☐ Yes   ☐ No   ☐ Self-employed   **If yes or self-employed**, how much do you earn per month? .....

Name and address of employer: .....

**If no**, give month and year of last employment: .....      How much did you earn per month? .....

Are you currently civilly married?   ☐ Yes   ☐ No   **If yes**, how much does your spouse earn per month? .....

Name and address of employer: .....

If you are under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? .....

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?   ☐ Yes   ☐ No

**Amt. Rec'd**

**Sources**

**If yes**, give the amount received .....  
and identify the sources .....

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, stocks, bonds, notes, autos, or property (excluding household furnishing and clothing?)   ☐ Yes   ☐ No

**Value**

**Description**

**If yes**, give the value and .....  
description of each .....

*Attach additional sheets as needed.*

## CONCERNING DEBTS AND MONTHLY BILLS

	Monthly payment	Description
Please list all monthly bills (e.g., rent, utilities, loans, etc.)	.....	.....
	.....	.....
	.....	.....
	.....	.....
	Total debt	Description
Please list all debts you own (e.g., mortgages, credit cards student loans, etc.)	.....	.....
	.....	.....
	.....	.....
	.....	.....

*Attach additional sheets as needed.*

### Please sign and date the statement below:

In order to receive the services of a canonical advocate and based on the information provided above, I hereby request that the Tribunal of the Diocese of Madison provide to me the following:

☐ ..... Total gratuitous legal assistance. I am not able to pay anything towards an advocate.  
(initials)

OR

☐ ..... Partial gratuitous legal assistance. I am able to pay the following amount towards the \$400 fee for an advocate: \$ .....  
(initials)

I recognize that the materials gathered for this judicial process are open to the officials of the Tribunal and are available for review by the psychological and other experts used by the Tribunal **and by the other party in the cause.**

I understand that no guarantee can be made as to the outcome of the case, that no definite time frame for a completion date can be established, and that **no date for a new marriage can be set by a parish priest or deacon unless an affirmative decision is issued and no appeal has been made by either party or the Defender of the Bond.**

I understand that my request for total or partial assistance to obtain a canonical advocate has no effect on the judicial process or the outcome of the case. I further understand that I will receive a qualified and approved advocate from the Tribunal of the Diocese of Madison.

I swear before God and my conscience that all the information given in this petition is true insofar as I know.

.....  
Signature of Person Requesting Gratuitous Legal Assistance

.....  
Date

.....  
Signature of Priest Sponsor / Pastor

.....  
Parish City