

CT

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

REV. 1/80

IN THE UNITED STATES OF AMERICA
 IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

United States vs Calabrese

FOR NDILL
FILED
 AT Chicago, IL

LOCATION NUMBER
 ILNCC

PERSON REPRESENTED (Show your full name)
 Paul Schiro

MAY 18 2005

JUDGE JAMES B. ZAGEL
 UNITED STATES DISTRICT COURT

- 1 Defendant - Adult
- 2 Defendant - Juvenile
- 3 Appellant
- 4 Probation Violator
- 5 Parole Violator
- 6 Habeas Petitioner
- 7 2255 Petitioner
- 8 Material Witness
- 9 Other (Specify)

DCCKET NUMBERS
 Magistrate
 District Court
 02 CR 1050-7
 Court of Appeals


CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor
 18 USC Section 1962(d)

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed Name and address of employer: <u>In custody since July of 2002.</u> 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 \$ _____
	OTHER INCOME	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
	CASH	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 <input type="checkbox"/> No <input checked="" type="checkbox"/> IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ RECEIVED THE SOURCES _____
	PROPERTY	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 DESCRIBE IT

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents <u>0</u>	List persons you actually support and your relationship to them	
	DEBTS & MONTHLY BILLS	APARTMENT OR HOME	Creditors	Total Debt	Monthly Pay
			<u>In Custody</u>	\$ _____	\$ _____
				\$ _____	\$ _____
				\$ _____	\$ _____

SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED)

I certify the above to be correct.


5/13/05

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH