



STATEMENT OF INDIGENCY

This statement is for use only by drivers seeking a waiver of the \$25 fee for the hearing on the revocation of their driver's license under the Implied Consent Act under Section 66-8-112 NMSA 1978. The \$25 fee or this statement must accompany every written request for a hearing for the request to be valid. Please be accurate in the information provided. This statement is under the penalty of perjury, Section 66-5-38 NMSA 1978, and the Taxation and Revenue Department has the records to cross check your information.

Please complete and mail to: Motor Vehicle Division
Drivers Services Bureau
P.O. Box 1028
Santa Fe, NM 87504-1028 Or deliver to any New Mexico Motor Vehicle Field Office

In the matter of the proposed revocation of the driver's license of:

| | | |
|----------------|-------------------|---|
| Name | | D.O.B. |
| Address | | SSN# |
| City | State | Zip Code |
| Marital Status | No. of Dependents | Case No. (top lefthand corner of your Notice of Revocation) |

Driver will fill out either Part One or Part Two. Do not fill out both parts. A Driver currently receiving some form of public aid will automatically qualify for the waiver by filling out only Part One. A driver not receiving public aid may qualify for the waiver by filling out only Part Two.

PART ONE - PRESUMPTIVE ELIGIBILITY

I currently receive AFDC Food Stamps Medicaid DSI Public Housing in _____ County.
 I have been assigned a Public Defender.

PART TWO - OTHER ELIGIBILITY FACTORS

1. Federal adjusted gross income, most recent tax year (first line on the New Mexico personal income tax form):
Tax Year _____ Total Amount Income _____

2. Total Assets:

| | |
|------------------------------------|-------|
| Cash on Hand | _____ |
| Bank Accounts | _____ |
| Real Estate (loan value on equity) | _____ |
| Vehicles (loan value on equity) | _____ |
| Other | _____ |
| Total Amount Assets | _____ |

Add Totals from #1 and #2 Total Resources _____

3. Extraordinary Expenses:

| | |
|-------------------------------------|-------|
| Medical (not covered by insurance) | _____ |
| Court-ordered child support/alimony | _____ |
| Child-care payments (daycare) | _____ |
| Other (describe) | _____ |
| Total Exceptional Expenses | _____ |

Total Available Funds (subtract #3 Total Exceptional Expenses from #2 Total Resources) _____

ELIGIBILITY TABLE

| | | | | | | |
|-----------------|--|----------|----------|----------|----------|----------|
| Household Size | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> | <u>6</u> |
| Available Funds | \$8,512 | \$11,487 | \$14,462 | \$17,437 | \$20,412 | \$23,387 |
| | (Add \$2975 for each additional family member over six.) | | | | | |

If Total Available Funds (above) is more than your correct Eligibility Table column at left, you do not qualify for the waiver.

I declare under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and that my total available funds qualifies me as indigent under the eligibility table.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

STANDARDS FOR DETERMINING INDIGENCY

Pursuant to Section 66-8-112 NMSA 1978, the following standard is established for determining indigency to avoid payment of the \$25.00 fee when requesting a hearing in a matter involving revocation of a license or the privilege to drive.

I. PRESUMPTION OF INDIGENCY

An applicant is presumed indigent if the person is a current recipient of state or federally administered public assistance programs for the indigent: aid to families of dependent (AFDC), food stamps, medicaid, disability security income (DSI), public assisted housing or department of health case management services (DHMS). Proof of assistance must be attached to the application and no further inquiry is necessary.

II. FINANCIAL RESOURCES

If the applicant is not presumptively indigent, the Applicant shall list:

- A. Income
- B. Assets
- C. Exceptional Expenses

Section A. Net Income

The applicant shall provide information relating to federal adjusted gross income (listed as the first line of the New Mexico Personal Income Tax Return) for the most recent tax year.

Section B. Assets

The applicant shall provide information about all assets owned which are convertible into cash within a reasonable period of time. Assets include all cash on hand as well as in checking and savings accounts, stocks, bonds, certificates of deposit and tax refunds. All real estate shall be considered in terms of the amounts which could be raised by a loan on the property.

Section C. Exceptional Expenses

The applicant shall provide information about any unusual expenses which will affect the applicant's financial condition. The following expenses are **not** exceptional expenses: rent, food, utilities, gas money, consumer loans and student loans. Exceptional expenses shall include, but not be limited to costs for medical care, family support obligations, child care payments, payroll garnishments, internal revenue service claims, court ordered payments and funeral expenses not covered by insurance.

III. INDIGENCY FORMULA

The total for net income for the applicant (Section A) together with the total for assets (Section B) minus the total for exceptional expenses (Section C). If the available funds exceed the amounts in the indigency table, the applicant is not indigent and must pay the \$25.00 fee.