

SAMPLE FINANCIAL AFFIDAVIT OF DEFENDANT

BEFORE ME, the undersigned authority, personally appeared, [DEFENDANT], deposes and says:

- That he was the driver of [VEHICLE] bearing vehicle identification number
 which was involved in a motor vehicle accident with a motorcycle on [DATE] in [COUNTY, STATE].
- 2. That this Affidavit is being executed in order to induce the claimant, [PLAINTIFF], to consider accepting a policy limit offer for his claims for bodily injuries, which sum is represented to be the total and complete amount of any liability insurance available and that is or may be applicable to the subject accident. The affiant acknowledges that the policy limits represent far less than the true value of the injuries sustained by the claimant.
- 3. This Affidavit is furnished as a prerequisite to any potential agreement on the part of the claimant to consider the tendered amount, and claimant is fully relying upon the truth of the matters contained in this Affidavit as a condition precedent to the execution of any release. All matters contained

in this Affidavit are material representations. In the event that other valid or collectible insurance is found to be available, or in the event that liability insurance limits are greater than the amount represented, or any of the contents of this Affidavit are false, then such release shall be null and void at the option of the claimant. The claimant may proceed with the filing of suit in an appropriate court in the State of _______ for which the Affiant agrees to accept service of process; confess judgment thereon, and the claimant may proceed to trial forthwith the necessity of refunding any monies paid.

4. As a further condition precedent to the execution of said Release, the

Affiant represents as follows and attaches hereto his Federal Income Tax

returns for the past three (3) years and records of earnings for those three

years, and statement of earnings thus far this year.

5. GENERAL QUESTIONS

Name:
Date of Birth:
Place of Birth:
Present address:
How long in the United States:
Marital status and names of spouse and children
if any:
Social Security Number:

EMPLOYMENT AND EARNINGS QUESTIONS:	
Are you employed?	
Name of employer:	
Job Title:	
Job duties:	
Income each of the past four (4) calendar years:	
Other jobs and income:	
OWNERSHIP	
A. List and describe all land owned individually or jointly and approximate	е
value:	
B. List all companies or partnerships owned (or those in which you hold	

any ownership interest, and as to each, please identify the approximate

value of that interest in dollars):	
	-
	-
	-
	-
C. List all motor vehicles (cars, motorcycles, RV	s, boats, etc.) owned:
	-
	-
	-
	-
	-
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	-
	-
	-

D. List all banks/credit unions (including addresses and account numbers)

where you hold saving, checking or money market accounts and the

approximate amount of money in the account as	s of [DATE]:
	_
	_
	_
	_
	_
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	_
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	_ .
	_
	_
E. List all stocks, bonds, equities, annuities, CD	o's, life insurance and the
approximate value of each:	
approximate value of each.	
	_
	_
	_
	_
	_
	_

F. List any other items that you own individually or jointly that has value
and give the approximate value of each (jewelry, art, paintings, stamps,
livestock, etc.):
G. Have you transferred or sold any assets or interests in any entity or
business since [DATE], and if so, please identify all transfers, to whom, amounts involved in the transaction, the persons involved, and the
purposes for all transfers or sales:
purposes for all transfers of sales.

H. List any and all Trust Funds that you own and/or that list your na beneficiary. For each Trust Fund (family trust or otherwise), indict their respective value, whether you are the sole beneficiary, where applicable, indicate the full name of the other beneficiaries, and the relationship between you and the other beneficiaries you listed: List all debts owed:		
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	applicable, indicate the full nam	e of the other beneficiaries, and the
	relationship between you and th	ne other beneficiaries you listed:
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	List all debts owed:	
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afford coverage (other motor vehicle insurance, home owners insurance,

	professional liability, umbrella or excess policies):
10.	PURPOSE OF OPERATING VEHICLE ON DATE OF ACCIDENT
	A. Where were you coming from and where were you going at the time of
	the accident?
	
	B. Were you in the course and scope of your employment at said time?
	so, please describe:
	C. Were you in the process of doing a favor or helping someone at the

	D. Were you doing anything for your employer at the time of the accident
	or attempting to do so? If so, please describe:
** I am attac	hing my most recent personal financial statement to this Affidavit and
initialing eac	h page and incorporating it herein.
	SIGNATURE (AFFIANT)
BEFC	RE ME, the undersigned authority, personally appeared,
	, who is personally known to me/not personally
known but pi	roduced the following identification:
and who, up	on being first duly sworn according to law, deposes and says that he
executed the	foregoing Affidavit and that the statements made herein are true and
correct to the	e best of his knowledge and belief.
SWO	RN TO AND SUBSCRIBED before me this day of
	, [YEAR].
	Notary Public, State of
	My commission Expires: