COUNTY OF		FILE NO.	
CON	IFIDENTIAL APPLICATION FO	OR COURT-APPOINTED ATTORNEY	
		City	
		Date of Birth: / /	
		Number State	
`	•	ncy; CHINS/Abuse & Neglect; Habeas Are you in jail/penitentiary? □ Yes □ No	
• •	•	□ SSI □ SSD □ TANF □ Medicaid □ WIC	
Occupation: 2. Including all people earnings? 3. Including yourself, 4. Own a home? 5. How many vehicles your household: 6. Do you have check 7. Do you have cash 8. Do you own stocks 9. Total amount of yo 10. Do you have other medical bills? Yee	Emple in your home who receive an monthly how many people in your houses □ No. Value: \$ Total amount owed to king/saving account(s)? □ Yes available to hire an attorney? □ s, bonds, or other investments? ur monthly living expenses (remonthly expenses such as children in the control of the control	Amount owed to bank/creditor: \$ Total value of the vehicles owned by a bank/creditor for all vehicles: \$ Downed by a bank/creditor: \$ Downed by a bank/creditor for all vehicles: \$ Downed by a bank/creditor for all vehicles: \$	
	ire an attorney for this case?		
•	ney turn you down due to your	n you money to hire an attorney? □ Yes □ No.	
•	S .	of a court-appointed attorney? \$	
•	wing and sign below:	,	
I understand the court report any change in m the services provided t county later. The count court may require repa	may require verification of the interpretation of the interpretation of the court. To me by the attorney are a loar ty will file a lien against my property.	information provided above. I agree to immediately I understand that if the court appoints me an attorney, and not free to me. I will be asked to repay the perty for any amounts paid to my attorney, and the ntence. I certify under penalty of perjury that the fense, §18-7-6).	
Signed on this	at		
Date		City, State	
Signature		Printed Name	