COUNTY OF			FILE NO		
CONE	IDENTIAL APPLICATION FOR	R COURT-API	POINTED A	TTORNEY	
	Address/PO Box				
	; or □ Homeless. Date o				
	Email				
	Driver License N				State
Type of case (circle one)	): Criminal/Juvenile Delinquenc	y; CHINS/Abu	se & Negled	t; Habeas	
If criminal, list charges:		Are you in	jail/peniten	tiary? □ Yes □	] No
	ncial assistance you receive: ☐ Other(describe)				
Occupation:	□ Yes □ No. If yes, your take-he Emplo n your home who receive an inc	yer's Name &	Phone No:		_monthly
earnings?	•	•	,		
	ow many people in your househ				
	s □ No. Value: \$				
5. How many vehicles of	does your household own?	Total value	of the vehic	cles owned by	
	Total amount owed to a				
	ng/saving account(s)?			Φ	
	bonds, or other investments? $\Box$				
	monthly living expenses (rent,				
•	nonthly expenses such as child		-	· —	
medical bills? ☐ Yes	☐ No. If yes, describe type and	l amount paid	per month:_		
11. Have you tried to hire	e an attorney for this case? 🛭 Y	′es □ No			
If yes, did the attorne	ey turn you down due to your in	ability to pay?	☐ Yes ☐ No	).	
•	l or relative that can give/loan y	•		•	
12. Do you have a friend	I or relative that can give/loan y	our money to l	hire an attor	ney? □ Yes □	No
Please read the followi	ng and sign below:				
report any change in my the services provided to county later. The county court may require repayr	nay require verification of the information of the	inderstand tha and not free to rty for any am ence. I certify	t if the court me. I will be ounts paid t	t appoints me a e asked to repa o my attorney,	an attorney, ay the and the
Signature of Applicant		Date			