

COUNTY OF _____

DOCKET #: _____

CONFIDENTIAL APPLICATION FOR COURT-APPOINTED ATTORNEY

Name _____ Address/PO Box _____

City _____ State _____ Zip _____ Homeless

Phone # _____ - _____ - _____ Email _____ Date of Birth ____/____/____

Soc. Sec. No. _____ - _____ - _____ Driver License Number _____ State _____

Type of case (circle one): Criminal/Juvenile Delinquency or CHINS/Abuse & Neglect/Habeas

If criminal, list charges: _____ Are you in jail/penitentiary? Y/N

Indicate all types of financial assistance you receive: SSI SSD TANF Medicaid

WIC Food Stamps Other (describe) _____

If you checked a box above, skip to Question 12 and complete the application.

1. Are you employed? Y/N If yes, take-home pay: \$ _____ per week/bi-weekly/monthly
Occupation: _____ Employer's name & phone #: _____

2. Including all people in your home who receive an income, what are your total household earnings? \$ _____ per week/bi-weekly/monthly

3. Including yourself, how many people in your household do you support? _____

4. Own a home? Y/N If yes, value: \$ _____ Amount owed to a bank/creditor: \$ _____

5. How many vehicles does your household own? _____ Total value of the vehicles owned by your household: \$ _____ Total amount owed to a bank/creditor for all vehicles: \$ _____

6. Do you have checking/saving account(s)? Y/N Value of all bank accounts: \$ _____

7. Do you have cash available to use to hire an attorney? Y/N If yes, amount: \$ _____

8. Do you own stocks, bonds, or other investments? Y/N Value of all investments: \$ _____

9. Total amount of your monthly living expenses (rent, food, utilities, transportation): \$ _____

10. Do you have other monthly expenses such as child support payments, court-ordered fines or fees, or medical bills? Y/N If yes, describe type and amount paid per month: _____

11. Have you tried to hire an attorney for this case? Y/N

If yes, did the attorney turn you down due to your inability to pay? Y/N

12. Do you have a friend or relative that can give/loan you money to hire an attorney? Y/N

13. How much can you pay per week toward the cost of a court-appointed attorney? \$ _____

Please read the following and sign below.

I understand the court may require verification of the information provided above. I agree to immediately report any change in my financial status to the court. I understand that if the court appoints me an attorney, the services provided to me by the attorney are a loan and not free to me. I will be asked to repay the county at a later time. The county will file a lien against my property for any amounts paid to my attorney, and the court may require repayment as a condition of any sentence.

I certify under penalty of perjury that the above is true and correct. (Perjury is a criminal offense.)

Signature of Applicant _____

_____/_____/_____
Date

COURT USE ONLY: Subscribed and sworn before me this _____ day of _____, 20____.	
(SEAL if required)	_____ Judge/Clerk/Notary My Commission Expires: _____