

CONFIDENTIAL APPLICATION FOR COURT APPOINTED ATTORNEY – 2nd Cir. Only

Name _____ Address _____
City _____ State _____ Zip _____ Date of Birth _____ / _____ / _____
Email _____ Phone _____ Text: Yes / No
Soc. Sec. No. _____ - _____ - _____ DL/ID Number & State _____ In custody now? Yes / No
CHARGE(S): _____ Do you have an attorney now? Yes / No

Do you receive any of the following financial assistance in your name? If so, check and skip to question 9 below.

SSI SSDI TANF WIC Food Stamps Medicaid Other _____

1. Are you employed? Yes / No Where do you work? _____
How much do you make an hour? _____ How many hours do you work? _____
2. Including yourself, how many people in your household do you support? _____
3. Do you pay child support? How much each month? _____
4. Circle what you own: House / Vehicle / Other (list: _____)
5. How much do you owe on: House _____ Vehicle _____ Other _____
6. How much money do you have in cash and/or banking accounts? \$ _____
7. How much are your monthly expenses (rent, mortgage, utilities, transportation, etc.) \$ _____
8. Do you pay or receive any other monthly payments (judgments, medical bills, etc.)? Yes / No
Pay: \$ _____ Receive: \$ _____
9. How much total income did you receive in the past year? \$ _____
10. Did you try to hire an attorney for this case? Yes / No Can you borrow money for an attorney? Yes / No
11. How much can you pay per month toward the cost of an attorney? \$ _____

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 felony criminal offense.

Signature of Applicant Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Judge/Clerk/Notary My commission expires: _____

IT IS HEREBY ORDERED that _____ is appointed to represent the above-named defendant and the Defendant shall pay _____ per month for Court Appointed Attorney fees.

ATTEST:
Angelia M. Gries, Clerk of Court

Date: _____

By _____, Deputy

Circuit Court Judge/ Magistrate Judge