

# APPLICATION FOR COURT APPOINTED ATTORNEY

Effective August 15, 2003, the governor signed into law – House Bill 1732 which "requires a one-time application fee of \$40 from any criminal defendant seeking representation by an indigent defender board". You must complete this application if you intend to request court appointed counsel.

**NOTE TO APPLICANT:** You must provide all of the information requested in order to be eligible for court appointed counsel. You should realize that your application will be based upon the information contained in this form. COMPLETE AND BRING THIS FORM WITH YOU TO COURT ALONG WITH A CASHIER'S CHECK OR MONEY IN THE AMOUNT OF FORTY DOLLARS.

Name: \_\_\_\_\_ Age \_\_\_\_\_  
(First) (Middle) (Last)

1. List the charges against you: \_\_\_\_\_

2. Arrest Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ M/F \_\_\_\_\_ Education \_\_\_\_\_

3. Present Address \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ SS# \_\_\_\_\_

5. Telephone No. \_\_\_\_\_ Listed in Name of \_\_\_\_\_

6. Name and phone number of close friend or relative who can get a message to you \_\_\_\_\_

7. Name of anyone arrested with you on the same charge \_\_\_\_\_

8. Prior Convictions? Yes \_\_\_\_\_ No \_\_\_\_\_ What Charges \_\_\_\_\_

Are you on probation now? Yes \_\_\_\_\_ No \_\_\_\_\_ PO Name \_\_\_\_\_

9. Name of attorney that represented you on these charges \_\_\_\_\_

10. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Salary Per Week \$ \_\_\_\_\_ Salary Per Month \$ \_\_\_\_\_

Are the wages received gross (without deductions) or net (after deductions)? \_\_\_\_\_

11. Your Occupation \_\_\_\_\_ Work Phone No. \_\_\_\_\_

12. Current Employer \_\_\_\_\_  
(Name) (Address)

13. How much income did you report on your last tax return? \_\_\_\_\_  
(You may be required to prove this by producing your tax return)

14. Name of previous employer \_\_\_\_\_

Your reason for leaving that job \_\_\_\_\_

What month and year did you leave this employment? \_\_\_\_\_

How much was your monthly salary? \$ \_\_\_\_\_

15. Do you or any children that live with you receive any of the following and, if so, list the amount and, if so, list the amount received per month:

- |                               |       |                    |       |
|-------------------------------|-------|--------------------|-------|
| a. Social Security            | _____ | b. AFDC            | _____ |
| c. Division                   | _____ | d. Food Stamps     | _____ |
| e. Unemployment               | _____ | f. Child Support   | _____ |
| g. Workmen's Comp             | _____ | h. Old age pension | _____ |
| i. Other source of assistance | _____ | Amount             | _____ |

TOTAL \$ \_\_\_\_\_

16. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

17. Is your spouse employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Name and address of spouses employer \_\_\_\_\_

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18. The number of your children that are now living in your house \_\_\_\_\_

Child's Name	Age	Child's Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

19. List any other people that are living in the house with you:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Total number of people living in your house \_\_\_\_\_

21. Do you own a home or do you rent?      Own \_\_\_\_\_      Rent \_\_\_\_\_

22. List the value of any assets as well as the amount still owed:

ASSET	PURCHASE PRICE	PRESENT VALUE	BALANCE OWED
House/Mobile Home	_____	_____	_____
Automobile	_____	_____	_____
Boat/Motor	_____	_____	_____
Cash on Hand	_____	_____	_____
Checking/Savings	_____	_____	_____
Stock/Bonds	_____	_____	_____
Jewelry	_____	_____	_____
Guns	_____	_____	_____
Farm Machinery	_____	_____	_____
Live Stock	_____	_____	_____
Other Property (Land, camps, etc)	_____	_____	_____
U.S. Refund Due \$ _____	State Refund Due \$ _____		
<b>TOTAL</b>			<b>\$: _____</b>

23. List all of your monthly expenses:

House Note _____	Rent _____	Utilities _____
Transportation _____	Food _____	Phone _____
Clothing _____	Credit Cards _____	Other _____
Child Support _____		<b>TOTAL \$ _____</b>

25. I hereby authorize the Public Defenders' Office to do any and all things necessary to verify my indigent status \_\_\_\_\_

(Initial)

**IMPORTANT - READ BEFORE SIGNING**

I do hereby understand that if I am appointed an attorney, that attorney may request the trial court to have an attorney fee set and that I could be ordered to reimburse the Public Defenders' Office for the cost of my defense.

I hereby submit under penalty of perjury that all answers given are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE