

**APPLICATION FOR INDIGENCE AND OR COURT-APPOINTED COUNSEL**

Case number(s): CaseNumber

**All sections must be completed. Print neatly. If an item does not apply, write N/A. Correct information if applicable.**

**Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**Other Household Members (Spouse, Partner, Parent, etc.)**

Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Birthdate \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**Applicant's Employer**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Pay Dates: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

**Other Household Member's Employer**

Company: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Pay Dates: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_

**Marital Status:** ☐ Single ☐ Married ☐ Partner in a Civil Union ☐ Separated ☐ Divorced/Civil Union Dissolved

**Total Number of Dependents (including yourself):**

<b>Gross Monthly Income</b>	<b>Amount</b>	<b>Monthly Expenses</b>	<b>Amount</b>
Self (wages, salary, commission)	\$	Groceries	\$
Spouse/Partner/Household Members, Parents	\$	Utilities	\$
Unemployment	\$	Rent	\$
Social Security/Retirement/SSDI	\$	Clothing	\$
Alimony/Spousal Support	\$	Alimony/Child Support	\$
Other Income (see pg.2)	\$	Medical/Dental	\$
<b>Total Household Income:</b>	\$	Other: _____	\$
		<b>Total Expenses:</b>	\$

<b>Assets</b>	<b>\$ Amount</b>	<b>Description</b>	
Savings Account		Bank:	
Checking Account		Bank:	
Value of Vehicles		Year and Model:	
Value of 2 <sup>nd</sup> Vehicle		Year and Model:	
Value of House		Amount on Mortgage:	
Investment Accounts (including retirement)		Type:	
Other Property		Type	
<b>Total Assets:</b>			

If the court determines, at any time before, during the course of the appointment, or after the appointment of counsel, that the person has the ability to pay all or a part of the expenses for representation, the court shall enter a written order that the person reimburse all or a part of said expenses and inform the responsible party of this obligation. Such order shall constitute a final judgment, and may be collected in any manner authorized by law.

**I swear under penalty of perjury that the above-contained information is true and complete.**

**Defendant signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am requesting waiver of costs** \_\_\_\_\_. **If my case qualifies, I am requesting Court-appointed Counsel** \_\_\_\_\_.

**Guidelines:**

☐ At or below **or** ☐ Above **or** ☐ Automatically eligible (In custody) **or** ☐ Refer to scoring instrument

**Signature of judicial officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Request:** ☐ granted **or** ☐ denied

**Attorney appointed:** \_\_\_\_\_

## APPLICATION FOR COURT-APPOINTED COUNSEL

### General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

### Gross Monthly Income.

Includes income from all members of the household who contribute monetarily to the common support of the household. Income categories to include: Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

Income categories do not include: TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

**Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., shall not be included.