

APPLICATION AND AFFIDAVIT FOR COURT APPOINTED ATTORNEY SERVICES

COURT DATE: _____ JAIL TIME RECOMMENDED: YES NO

DEFENDANT:			Prosecutor review:
LAST	FIRST	MI	EMPLOYER HOW LONG?
ADDRESS CITY/STATE/ZIP			ADDRESS CITY/STATE/ZIP
EMAIL ADDRESS:			PHONE
DOB	SSN		HOURLY RATE PAY DATES
PHONE			
SPOUSE OR PARENT INFORMATION:			EMPLOYER HOW LONG?
LAST	FIRST	MI	HOURLY RATE PAY DATES
PHONE			
ARE YOU A STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO			GROSS MONTHLY INCOME: \$ _____
HOW DO YOU PAY YOUR TUITION?			Other Sources:
MARRITAL STATUS OF DEFENDANT:	NUMBER OF DEPENDENTS:	NUMBER OF PEOPLE IN HOUSEHOLD:	Military \$ _____
SINGLE _____	SPOUSE _____		Welfare \$ _____ \$ _____
MARRIED _____	CHILDREN _____		Parents \$ _____
SEPARATED _____	OTHER _____		Roommate \$ _____
DIVORCED _____	TOTAL _____		Retirement/Pension \$ _____
			Unemployment \$ _____
			Food Stamps \$ _____
			CURRENT CHARGES:
BANK ACCOUNTS:			
CHECKING: _____ Name/Location/Acct. No.			
Amount in Acct. \$ _____			
SAVINGS: _____ Name/Location/Acct. No.			
Amount in Acct. \$ _____			
AMOUNT OF CASH ON HAND \$ _____			POSTED BOND <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT \$ _____
AMOUNT OF MONTHLY DEBT \$ _____			BOND AMOUNT SET \$ _____
MORTGAGE/RENT \$ _____			ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO
UTILITIES \$ _____			What is their name and where do they represent you?
CHILD SUPPORT \$ _____			_____
DAYCARE \$ _____			_____
VEHICLE PAYMENT \$ _____			
CREDIT CARD \$ _____			APPOINTED
OTHER \$ _____			<input type="checkbox"/> YES <input type="checkbox"/> NO
			_____ JUDGE'S SIGNATURE

I SWEAR UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE:

SIGNATURE

DATE