

APPLICATION FOR THE SERVICES OF THE PUBLIC DEFENDER

(If Juvenile Case – Parent Must
Complete Application)

File # _____ Charges: _____

NAME:	Last	First	Middle	Social Security No:	Date of Birth:
ADDRESS:	Street	Apt. #		How long at this address? years months	
CITY	STATE	ZIP		HOME PHONE ()	CELL PHONE ()
Do you have a spouse/partner? <input type="checkbox"/> Yes <input type="checkbox"/> No How many minor children live in the household? _____					

*** IT IS YOUR RESPONSIBILITY TO NOTIFY THE COURT OF ANY ADDRESS CHANGE ***

EMPLOYMENT/ INCOME INFORMATION

EMPLOYMENT	SELF	SPOUSE/PARTNER
		Name of Spouse: _____
Name of Employer #1		
Work Phone Number		
Occupation		
How Long Employed?		
Hourly Rate of Pay	\$_____ Hours per week _____	\$_____ Hours per week _____
Name of Employer #2		
Work Phone Number		
Hourly Rate of Pay	\$_____ Hours per week _____	\$_____ Hours per week _____

OTHER INCOME	SELF	SPOUSE/PARTNER
Public Assistance (MFIP/GA)	\$ per month	\$ per month
Social Security Benefits	\$ per month	\$ per month
Unemployment or Worker's Comp	\$ per month	\$ per month
Child Support	\$ per month	\$ per month
Other Income (retirement/pension/veteran's benefits/disability, etc...)	\$ per month	\$ per month
TOTAL EMPLOYMENT/INCOME	\$ per month	\$ per month
TOTAL HOUSEHOLD EMPLOYMENT/INCOME	\$ per month	\$ per month

APPLICATION CONTINUES ON BACK

ASSETS (INCLUDING ASSETS OF SPOUSE/PARTNER)

Bank Accounts (Cash, Savings, Checking, Money Market, etc.)	\$ _____
Stocks, Bonds, Notes	\$ _____
Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of monthly mortgage payment \$ _____ Value of home \$ _____	
Do you own other property? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of other property \$ _____	
Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount of monthly vehicle payment \$ _____	
Vehicle Information: Make: _____ Model: _____ Year _____	

OTHER EXPENSES

Are there any extraordinary expenses that you would like noted on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ per month Describe: _____

Request and Oath: I request the Court to appoint an attorney to represent me. I affirm, or swear, on penalty of perjury that I am presently unable to hire an attorney to represent me and that my answers to the above questions are complete and truthful. ***If you are approved for a public defender you will be charged a minimum of \$75.00 unless specifically waived by the Court.***

Dated: _____

Applicant's Signature

ORDER

The First District Public Defender is assigned to represent the Defendant. The Defendant shall pay the \$75 co-pay and \$_____ additional for a total of \$_____.

Application for public defender is **DENIED**. Application is not complete.

Dated: _____

Judge of District Court