

APPLICATION FOR COURT APPOINTED ATTORNEY

NAME: _____ **CAUSE NO:** _____ **DATE:** _____ **DOB:** _____ **PIN:** _____

ALL INFORMATION MUST BE CURRENT, ACCURATE, AND TRUE. INTENTIONALLY OR KNOWINGLY GIVING FALSE INFORMATION MAY RESULT IN YOUR PROSECUTION FOR THE OFFENSE OF AGGRAVATED PERJURY, A FELONY. THE PUNISHMENT FOR AGGRAVATED PERJURY INCLUDES IMPRISONMENT NOT TO EXCEED TEN (10) YEARS AND A FINE NOT TO EXCEED TEN THOUSAND DOLLARS (\$10,000).

FAMILY STATUS: I am MARRIED / NOT MARRIED (circle one). I have _____ dependant family members who live in my household and who rely upon me for their support. Their ages are: _____.

INCOME: My monthly household income from all sources is \$ _____, received in the following amounts from the following sources:

- | | |
|---------------------------|-----------------------------|
| 1. Salary: _____ | 7. Workman’s Comp _____ |
| 2. Spouses Salary: _____ | 8. Other Gov’t. check _____ |
| 3. Child Support: _____ | 9. Pension _____ |
| 4. Unemployment: _____ | 10. Interest _____ |
| 5. Social Security: _____ | 11. Other income _____ |
| 6. Disability _____ | |

PROPERTY/ASSETS: I own the following property with the values (minus lien indebtedness) listed below:

- | | |
|--------------------------|---|
| 1. Home: _____ | 7. Bank Accounts: _____ |
| 2. Cars: _____ | 8. Savings Accounts: _____ |
| 3. Boats: _____ | 9. Cash: _____ |
| 4. Other vehicles: _____ | 10. Other Real Property: _____ |
| 5. Stocks / Bonds: _____ | 11. Guns /livestock _____ |
| 6. Collections: _____ | 12. All other assets , excluding household furniture: _____ |

I am able to pay AND HEREBY AGREE TO PAY \$ _____ per month to help offset the cost of providing a court appointed attorney to me until I have paid the amount of \$350.00.

On this ____ day of _____, 20____, I have been advised by the _____ Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

DEFENDANT’S SIGNATURE

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20 ____.

NOTARY PUBLIC/PERSON AUTHORIZED TO ADMINISTER OATHS

For use by Office of Indigent Defense only: DEFENDANT MEETS ELIGIBILITY REQUIREMENTS ____ YES ____ NO ____ UNDETERMINED

APPOINTED ATTORNEY’S NAME: _____

Revised: 10/3/2011