$\underline{\textbf{APPLICATION FOR INDIGENCE AND OR COURT-APPOINTED COUNSEL}}\\ Case \ number (s): CaseNumber$

All sections must be completed. not apply, write N/A. Correct in					
Applicant	••	Applicant's Employer			
Name:		Company:			
Address:			Address:		
			City, State, Zip:		
Phone number:			Phone Number:		
		Position:			
Email:		Length of Employment:Hours/Week:			
Birthdate:	_	Pay Dates: Pay Rate: \$			
Driver's License No. Other Household Members (Sp	State	Damand (44)			
Name:		, , , , , , , , , , , , , , , , , , ,	Company:	Member's Employer	
Relation to Applicant:		Address			
Address:					
City, State, Zip:		Phone Number:			
Phone number:			Position:		
Birthdate			Length of Employment:Hours/Week:		
Driver's License No State			Pay Dates: Pay Rate: \$		
Marital Status: □Single □Marri Total Number of Dependents (in	ncluding your	rself):		Civil Union Dissolve	d
Gross Monthly Income			Monthly Expenses	<u>Amount</u>	
	Self (wages, salary, commission) \$		oceries	\$	
Spouse/Partner/Household	Spouse/Partner/Household \$		ilities	\$	
Members, Parents		Re	nt	<u>\$</u>	
Unemployment \$		Clo	othing	\$	
Social Security/Retirement/SS	DI \$	Al	imony/Child Support	\$	
Alimony/Spousal Support	\$		edical/Dental	\$	
Other Income (see pg.2)	\$	Ot ¹	her:	\$	
Total Household Income:	\$		tal Expenses:	\$	
Assets	\$ Amor	unt.	Description		
Savings Account	<u>,</u>	Bank			
Checking Account		Bank			
Value of Vehicles			and Model:		
Value of 2 nd Vehicle			and Model:		
Value of House			unt on Mortgage:		
Investment Accounts		Туре			
(including retirement)		Турс	•		
Other Property		Туре			
Total Assets:		Турс			
If the court determines, at any time before the expenses for representation, the court obligation. Such order shall constitute a fix I swear under penalty of perjure	shall enter a writte nal judgment, and	en order that the perso may be collected in a	on reimburse all or a part of such that the sum of the	said expenses and inform the w.	
Defendant signature				Date:	
Defendant signature I am requesting waiver of costs	•	If my case qualif	ies, I am requesting (Court-appointed Co	unsel
Guidelines: □ At or below or □ Above or □ A	utomatically e	ligible (In custod	y) or □Refer to scorin	g instrument	
Signature of judicial officer:			Da	te:	
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.