

INCARCERATED yes no

ICE Hold yes no

Citizenship: yes no

Primary Language: \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF COURT APPOINTED ATTORNEY**

Answer every question completely. If the question does not apply to you, place a *N/A* in the blank. Incomplete applications will be denied. If you need assistance, notify the person in charge of taking this application. If you are incarcerated, you **MUST** provide supporting documents (payroll stubs, proof of government assistance and other supporting documentation to your first court appearance. A finding of indigence will not be determined without supporting documentation.

Offense	Offense Date	Arrest Date	County Where Case is Pending	Warrant/Cause #

**Personal Information:**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

Phone No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Employer: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Do you have friends or relatives from which you can borrow money for an attorney? yes no

Do you own any property that you could sell or use as collateral? yes no If yes, approximate value: \$ \_\_\_\_\_

If unemployed, explain how you pay for basic necessities. \_\_\_\_\_

**Size of Family Unit (Members of immediate family that you have a legal obligation to financially support).**

Name	Age	Relationship	Employed <input type="checkbox"/> yes <input type="checkbox"/> no	Hourly Rate	Hours per week
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		
			<input type="checkbox"/> yes <input type="checkbox"/> no		

MONTHLY INCOME	AMOUNT	EXPENSES	AMOUNT	ASSETS	VALUE
Your Salary		Rent/Mortgage		Cash on Hand	
Spouse's Salary		Car Payment / Fuel		Stocks, Bond, Investments	
TANF/AFDC		Insurance		Savings/Checking	
SSI		Utilities		Livestock	
SSDI		Medical Expenses		Retirement Accounts	
Medicaid		Credit Cards		Jewelry, Firearms, Collectibles	
Child Support		Child Support		Available Credit	
Other Income		Court Obligations		Whole Life Insurance	
		School tuition		Real Estate	
		Food		Vehicle	
		Alcohol/Cigarettes		Other	
		Telephone			
		Clothing			
		Other			

*I have been advised of my right to representation for the charge(s) pending against me. I certify that I am unable to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court, in writing, of any changes in my financial situation. ALL INFORMATION IS SUBJECT TO VERIFICATION. FALSIFICATION OF INFORMATION IS A CRIMINAL OFFENSE.*

**Defendant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received by Deputy/Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Defendant stated he wanted to apply for court appointed counsel. However, defendant refused to complete the application was unable to complete the application due to language  other: Explain \_\_\_\_\_