|  |  |  |  |
| --- | --- | --- | --- |
| SO # | \_\_\_\_\_\_\_\_\_\_ | Warrant No/Jail ID/Cause No: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Application for Court-Appointed Attorney and Financial Affidavit**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Offense(s) Charged: | | | | | | | | | | Offense Degree: | | | | | | Warrant Number(s): | | | | | | |
|  | | | | | | | | | |  | | | | | |  | | | | | | |
| Full name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Birth date: | | | | \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | | Age: | | \_\_\_\_\_ |
| Mailing address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ | | | | Email address: | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_ | | | | | | | |
| Do you read, write, understand the English language? | | | | | | | | \_\_\_\_\_\_\_\_ | | | | | | Language you speak? | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Number of people who depend on you financially : | | | | | | | \_\_\_\_ | | | | Who do you live with? | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Make, model, and year of automobile(s): | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Are you currently employed? | | | \_\_\_\_\_\_\_\_\_ | | | | | | If yes, how much do you receive monthly? | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | |
| Do you receive unemployment? | | | \_\_\_\_\_\_\_\_\_ | | | | | | If yes, how much do you receive monthly? | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | |
| Do you receive public benefits? | | | \_\_\_\_\_\_\_\_\_ | | | | | | If yes, how much do you receive monthly? | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | |
| Do others in your home work? | | | \_\_\_\_\_\_\_\_\_ | | | | | | If yes, how much do they receive monthly? | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | |
| Do you have other sources of income? | | | \_\_\_\_\_\_\_\_\_ | | | | | | If Yes, how much do you receive monthly? | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_ | |
| Total monthly income(combine above totals): | | | | | | | | | | | | | | | | | | | | | **$\_\_\_\_\_\_\_\_\_\_** | |
| **ASSETS/VALUE OF PROPERTY YOU OWN** | | | | | | | | | | | | | | | | | | | | | | |
| Total amount of cash on hand: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | |  | | | | |
| Total amount in checking/savings: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **Total value:** | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Other property (stocks, land, jewelry): | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | (combine all totals to the left) | | | | | | | | | |
| **MONTHLY EXPENSES YOU PAY (does not include what others pay)** | | | | | | | | | | | | | | | | | | | | | | |
| Rent/house payment(s): | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | | | | | | |
| Food and household supplies: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | | | | | | |
| Utilities and telephone: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | |  | | | | |
| Medical and dental expenses: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **Total value:** | | | | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| School and childcare/child support: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | (combine all totals to the left) | | | | | | | | | |
| Car payment(s), insurance, and gas: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | |  | | | | |
| Any other expenses: | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | | | |  | | | | |
| I certify the above financial affidavit to be correct and further certify that I have been advised of my rights to representation by counsel for the charge(s) listed above pending against me and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify that the interest of justice require court-appointed representation for me before this Court. I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment to exceed 10 years or less than 2 years and a fine not to exceed $10,000. | | | | | | | | | | | | | | | | | | | | | | |
| X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed by Defendant) Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Sworn to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| Presiding Judge/Magistrate/Notary Public | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Recommendation by Court Admin/Magistrate/Presiding Judge (circle one): Approve Deny | | | | | | | | | | | | | | | | | | | | | | |