APPLICATION FOR COURT APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

CAUSE/WARRANT #	OFFENSE (S):	COURT (S):	
Full name: Street address: Phone number: Email ad Interpreter: □ Yes □ No Language: Number of dependents living with you	dress: Time at A	Address: Own/Rent/Other: Marital Status: S / M / D / W fied by Defendant	
Do you receive public benefits? Medicaid If yes, how much do you receive monthly: \$	SSI SNAP TANF	Public Housing	
MONTHLY INCOME AND ASSETS	MONTE	ILY EXPENSES	
Monthly income: \$	ed by the Criminal Justice Coordination Department without means to employ counsel of my own choos is correct. I understand I have the right to be represented.	ent of my right to representation by counsel in posing and I hereby request the court to appoint esented by an attorney. If I provide false le by two to 10 years in prison and a fine up to	
X	(SIGNED BY DEFENDANT) DA	(SIGNED BY DEFENDANT) DATE:	
SWORN TO AND SUBSCRIBED BEFORE M	ME ON THIS THE DAY OF	, 20	
	Presiding Judge	/Pretrial Officer/Notary Public	
Recommendation for Court Appoint Counse	<u>4:</u>		
QUALIFIES: □YES □NO			
Refused To Provide Information to CJC:			
□YES □NO			
CJC Officer:		Revised 08/08/2023	