

Madison County Application for Court Appointed Attorney

I will retain my own attorney: _____ *Date:* _____

Defendant's Signature

To determine eligibility for court appointment of an attorney, the defendant must fill out this form.

Do not continue filling out form if Defendant to retain own attorney.

Defendant's Mailing Address: _____

Email Address: _____ *Phone Number:* _____

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Does applicant have a parent or other close relative who is able to make a voluntary contribution toward attorney's fees? Explain. _____

Monthly Income	Necessary Mo. Living Expenses	
Your Salary	Rent / Mortgage:	
Spouse's Salary	Utilities (gas, electric, etc.)	
SSI/SSDI	Transportation: Make: Model: Year:	
AFDC	Clothes/Food	
Social Security Check	Day Care / Child Care:	
Child Support	Medical Expenses	
SNAP/ Food Stamps	Credit Cards	
Other Income	Court-Ordered Monies:	
	Child Support:	
TOTAL INCOME*	TOTAL NECESSARY EXPENSES*	

STAFF USE ONLY:

Comments: _____

TOTAL MONTHLY INCOME:	
TOTAL MONTHLY EXPENSES:	
DIFFERENCE (net income)	-
	=

DEFENDANT MEETS ELIGIBILITY REQUIREMENTS

_____ **YES** _____ **NO**

_____ **UNDETERMINED**

I have been advised of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means 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 of any changes in my financial situation.

**All information is subject to verification. Falsification of information is a criminal offense.*

Signature of Defendant

Date

Sworn to and subscribed before the undersigned Judge, Notary, or Clerk on _____ *20* _____.

Signature of Judge, Notary or Clerk

Print Name