

USE INK PENS ONLY

DATE OF OFFENSE(S): _____
CHARGE(S): MISD: ___ FELONY: ___ BOTH: ___

DECLARATION ON INABILITY TO HIRE COUNSEL AND REQUEST FOR COURT-APPOINTED COUNSEL

“I STATE, UNDER OATH AND SUBJECT TO BEING CHARGED WITH PERJURY, THAT THE FOLLOWING ANSWERS TO THE FOLLOWING QUESTIONS ARE TRUE. I AM ASKING FOR COURT-APPOINTED COUNSEL.”

Every question on this form must be answered. Failure to do so could result in the application not being considered. If you need assistance, notify the person in charge of taking this application. You must answer each questions truthfully, failure to do so could subject you to additional criminal charges.

1. LAST NAME _____ FIRST NAME _____ MIDDLE _____
2. ADDRESS IN WHICH YOU RESIDE _____
Number & Street City State Zip
3. PHONE NUMBER: _____ EMAIL ADDRESS _____
4. SINGLE ___ LEGALLY MARRIED ___ DIVORCED ___ SEPARATED ___ NAME OF SPOUSE _____
5. DATE OF BIRTH _____ AGE _____
6. ARE YOU A VETERAN OR ACTIVE DUTY MILITARY? YES/NO (circle one)
7. NUMBER OF CHILDREN UNDER 18 *LIVING* WITH YOU _____
8. CHILD SUPPORT: PAYING _____ RECEIVING _____? HOW MUCH? _____ PER MONTH
9. ARE YOU EMPLOYED? YES/NO (circle) IF YES, NAME OF EMPLOYER _____
10. YOUR WAGES \$ _____ PER (check one Hr Week Month) HOW MANY HOURS PER WEEK? _____
SPOUSE'S INCOME \$ _____ PER (check one Hr Week Month) HOW MANY HOURS PER WEEK? _____
11. IF YOU ARE NOT WORKING, WHEN IS THE LAST TIME YOU HAD A JOB? _____ WHERE DID YOU WORK? _____
WHEN DID YOU GET PAID LAST? _____ HOW MUCH? _____
12. ARE YOU RECEIVING INCOME, BENEFITS OR HELP WITH EXPENSES FROM ANY OTHER SOURCE? YES/NO (circle one)
(such as Food Stamps, Medicaid, Disability, Supplemental Security Income, Public Housing, Unemployment etc.)?
IF YES, FROM WHOM RECEIVED, HOW OFTEN AND DATES PAYMENTS TO END. _____

13. DO YOU OWN A HOUSE OR LAND? YES/NO (circle one) IF YES, WHICH? _____
HOW MUCH IS IT (ARE THEY) WORTH? _____
14. DO YOU HAVE A BANK ACCOUNT? YES/NO (circle one) IF YES, HOW MUCH IS IN YOUR ACCOUNT? _____
15. DO YOU HAVE ANY CASH ANYWHERE? YES/NO (circle one) IF YES, HOW MUCH? _____
16. WHO IS YOUR BONDSMAN OR PR BOND? _____ HOW MUCH IS YOUR BOND? _____
17. WAS ANYONE ELSE CHARGED WITH YOU? YES/NO (circle one) IF YES, WHO? _____

I HEREBY AUTHORIZE THE COURT ADMINISTRATOR TO VERIFY THIS INFORMATION FROM ANY SOURCE.

Defendant's Signature

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, on _____, 20 _____.

Notary Public/Magistrate

Commission Expires: _____