

STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER
APPLICATION FOR COURT-APPOINTED COUNSEL

Applicant: _____

Cause No. _____

Address: _____

Court: _____

Residence _____ Mailing _____

City/State/Zip _____

I am in Jail:

Yes No

Phone: _____ Message Phone: _____

I. PERSONAL INFORMATION

Date of Birth: _____ Marital Status: Married Single Divorced

Social Security No.: _____ Spouse's Employer: _____

Employer's Name & Address: _____ How long in Montana: _____

Household Size: _____ Contact Name & Phone No. _____
Names/Relationship

II. INCOME (Proof of income is required by providing pay stubs, W-2s, tax returns and other documents upon request; Obligation to report income continues through period of representation).

TANF \$ _____ Food Stamps \$ _____ Medicaid \$ _____ SSI \$ _____

Gross monthly wage (self) \$ _____	Unemployment \$ _____	Veteran's Benefits \$ _____
Gross monthly wage (spouse) \$ _____	Worker's Comp \$ _____	Child Support \$ _____
Gross monthly wage (others) \$ _____	Pension/Retirement \$ _____	Maintenance \$ _____
Tax Refunds \$ _____	Social Security \$ _____	General Asst. \$ _____
Self employment \$ _____	Rental Income \$ _____	Other income \$ _____

Total All Income \$ _____, as of _____.
(Date)

III. MONTHLY DEBTS (*paid per month*)

Rent/Mortgage \$ _____	Gas \$ _____	Credit Cards \$ _____	Alimony \$ _____
Utilities \$ _____	Groceries \$ _____	Collections \$ _____	Courts \$ _____
Telephone \$ _____	Cable/Sat \$ _____	Dependent Care \$ _____	Attorneys \$ _____
Car Payment \$ _____	Doctor/Hos. \$ _____	Child Support \$ _____	Other Debts \$ _____
Business Exp. \$ _____	Charitable \$ _____	Insurance \$ _____	Entertainment \$ _____

Total All Monthly Debts \$ _____

CONTINUED ON BACK-SIDE (OVER)

IV. ASSETS (list total value of each asset)

Cash on hand/in bank	\$ _____	Savings accounts	\$ _____	Sporting Equipment	\$ _____
Wages not received	\$ _____	Stocks/bond/securities	\$ _____	(guns, boats, ski, fishing, etc.)	
Money owed to me	\$ _____	Interest in real estate	\$ _____	Personal property	\$ _____
Tax refunds due	\$ _____	Motor vehicles	\$ _____	(furniture, appliances, etc.)	
Trust funds	\$ _____	Tools	\$ _____	Jewelry	\$ _____
Inheritance	\$ _____	Office equipment	\$ _____	Collectibles	\$ _____
Homestead	\$ _____	Trailers	\$ _____	Animals	\$ _____
Retirements	\$ _____	ATV/motorcycles	\$ _____	Life Insurance	\$ _____
Bail Deposits	\$ _____				

Total All Assets \$ _____

V. SUPPORTING DOCUMENTS (to be provided upon request)

- | | | | |
|----------------------|--------------------------|----------------------|--------------------------|
| Tax returns | <input type="checkbox"/> | Pay stubs | <input type="checkbox"/> |
| Social Security card | <input type="checkbox"/> | Marriage License | <input type="checkbox"/> |
| Divorce Decree | <input type="checkbox"/> | Titles | <input type="checkbox"/> |
| Deeds | <input type="checkbox"/> | Retirement Statement | <input type="checkbox"/> |
| Insurance Policy | <input type="checkbox"/> | Other documents | _____ |

VI. ELIGIBILITY - FALSE SWEARING

I, _____, believe I am financially unable to employ an attorney. I understand that if I am charged with a felony and I am eligible, a court must appoint counsel. If a misdemeanor is charged, and I am eligible, a court may appoint an attorney, only under certain circumstances.

For determining my eligibility, I swear, under oath, that the foregoing information is complete, correct and accurate. **False statements or false information will result in another criminal prosecution for knowingly provided false information.** I understand the questions on this application and the penalty for giving false information or hiding information. **I understand that I may be required to pay back all or part of the attorney fees if I am convicted of the pending charge, and I am able to do so.** I also understand that this information may be used to determine my ability to pay fines, fees or costs, if I am convicted of any charges. Finally, I understand my obligation to report any changes in my financial status throughout the period of representation.

I certify under penalty of perjury or false swearing, that the information given is complete, correct and accurate.

SIGNATURE OF APPLICANT

Witnessed by

APPROVED **DENIED** _____

Date