

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

**All sections must be complete- refer to Instructions. *Proof of all household income required. *Further documentation may be required.*

Name of Applicant		Date of Birth	Email	
Street Address		Mailing address		Court
City, State, Zip		City, State, Zip		Charges
Primary Phone #		Additional Phone #		Case Number(s) In Jail: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of <u>ALL</u> Other Persons Living in Household		Relationship	Total # In Household	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced * Presumptive Eligibility: Check all that apply <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> SSI/SSDI *Proof/Documentation required - If provided, proceed to Section IV.
			Total # Children	
<i>Office use only:</i> <input type="checkbox"/> Current <input type="checkbox"/> Juvenile <input type="checkbox"/> Fugitive				
How would you like to receive your mail: <input type="checkbox"/> Mail/Postal OR <input type="checkbox"/> Email				

I. Gross Monthly Income		Amount	II. Monthly Expenses		Amount	III. Assets		
Self - Gross Wages	\$		Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	\$	Location(s) of Real Estate Owned:			
Spouse/Significant Other	\$		Utilities- Gas ,Electric, etc.	\$	Value:\$ Mortgage:\$ Equity:\$			
Parents (if same household)	\$		Phone	\$	Value:\$ Mortgage:\$ Equity:\$			
Other Household Members	\$		Food	\$	Motor Vehicles, Motorcycle, ATV, Boat, Trailer, etc.			
Self- Employment	\$		Child Care	\$	Year/Make/Model	Amount Owed	Net Value	
Food stamps/SNAP	\$		Vehicle Loan Payments	\$		\$	\$	
TANF <input type="checkbox"/> WIC <input type="checkbox"/>	\$		Gas- Vehicle	\$		\$	\$	
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$		Payroll Taxes Withheld	\$		\$	\$	
Vet Benefits/% Disability_____	\$		Garnishment	\$		\$	\$	
Unemployment	\$		Child Support Paid	\$		\$	\$	
Worker's Compensation	\$		Insurance- Health	\$	Cash on hand		\$	
Pension/Retirement	\$		Insurance- Vehicle	\$	Checking Account(s)		\$	
Child Support Received	\$		Cable/Satellite/Internet	\$	Savings Account(s)		\$	
Rental Income	\$		Other Liabilities:	Total Debt	Payment	Business Account(s)		
Other Income:_____	\$		Medical	\$	\$	Personal Property		
Applicant's Employer /School Name: _____	-----		Collections <input type="checkbox"/> Liens <input type="checkbox"/>	\$	\$	Sporting Equipment		
	-----		Court Fees/Fines	\$	\$	Stocks/ Bonds/ Funds/Trusts/CD		
Spouse's Employer/School Name: _____	-----		Credit Cards	\$	\$	Tools		
	-----		Other:_____	\$	\$	Animals/Livestock		
<i>Office Use Only:</i>			<i>Office Use Only:</i>			<i>Office Use Only:</i>		
Total Monthly Income		\$	-Total Expense/Payments		\$	Total Assets		
					= \$			

IV. 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 providing 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	Date	Witnessed by	Date
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Office use only:

APPROVED: Indigence Hardship
 Presumptive Incarceration- From: _____ To: _____
 Verification/Documentation Received

DENIED: Failure to Provide Application/Requested Documentation Financial

Eligibility Technician Signature _____ Date _____
 Eligibility Technician Signature _____ Date _____

Notes: _____



OFFICE OF THE STATE PUBLIC DEFENDER STATE OF MONTANA

INSTRUCTIONS – APPLICATION FOR COURT-APPOINTED COUNSEL

In order to qualify for public defender services, the Application for Court-Appointed Counsel must be filled out completely and returned to this office, along with the required proof of income, within 10 days of receipt of this application.

GENERAL INFORMATION

- ◆ **Questions:** If you have any questions or need assistance filling out your application, please contact the Office of the State Public Defender in your area.
- ◆ **All Sections of this application must be completed! * DO NOT SKIP ANY SECTIONS.**
- ◆ **We cannot process an application with all zeros:** Filling out all zeros will not be accepted on this form- you must provide complete household Income, Asset, Expense & Debt information for all household members. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review by this office.
- ◆ **Proof of ALL household income is required:** You must provide income documentation for all household members (other than roommates) with Paystubs, Monthly Bank Statements, Unemployment, Food Stamps/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement and Financial Aid Benefit statements, etc. *Provide all that apply. *Please call for alternative documentation. * If you have no documentation you must provide a written explanation.
- ◆ **Further documentation:** in the case of a Hardship qualification, further documentation may be requested. You will be notified when this is required.
- ◆ ***Presumptive Eligibility:** If proof /documentation is provided for an applicant's household which currently qualifies for TANF, Food Stamps/SNAP &/or SSI/SSDI, you may skip Sections I. through III. and proceed directly to Section IV.
- ◆ **If you are in jail:** Complete the application with your usual monthly Income, Expenses and Assets when you are not incarcerated and include all household member information as well.
- ◆ **Students** please include Financial Aid Benefit information as Other Income & state that in the area provided.
- ◆ **Obligation to report any changes in income or financial status continues throughout entire period of representation!**

***FAILURE TO COMPLY WITH THESE INSTRUCTIONS AND PROVIDE A COMPLETE APPLICATION &/OR REQUESTED DOCUMENTATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION AND THE LOSS OF YOUR PUBLIC DEFENDER SERVICES.**