

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:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Phone: _____ Message Phone: _____

I. PERSONAL INFORMATION

Date of Birth: _____ Marital Status: Married Single Divorced

Employer's Name & Address: _____ Spouse's Employer: _____

Other Household Members: _____ Contact Name & Phone No. _____
 Names/Relationship (continue below)

II. INCOME Proof of all household 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. We cannot process a form with all zeroes. If you are reporting no income or benefits, you must explain your circumstances.

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 EXPENSES Paid per month. You may be required to provide verification.

Rent/Mortgage \$ _____	Gas \$ _____	Alimony \$ _____	Tithes \$ _____
Utilities \$ _____	Groceries \$ _____	Dependent Care \$ _____	Entertainment \$ _____
Telephone \$ _____	Cable/Sat \$ _____	Child Support \$ _____	
Car Payment \$ _____	Insurance \$ _____	Business Exp. \$ _____	

Total All Monthly Expenses \$ _____

IV. MONTHLY DEBTS Unpaid debts other than home mortgage or car payment which you make monthly payments on (medical, attorney fees, court fines, credit cards etc.). You may be required to provide verification.

Creditor	Total Debt	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total All Monthly Debt Payments \$ _____

CONTINUED ON BACK-SIDE (OVER)

V. ASSETS List total value of each asset.

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

Total All Assets \$ _____

VI. SUPPORTING DOCUMENTS (to be provided upon request)

Tax returns	<input type="checkbox"/>	Pay stubs	<input type="checkbox"/>
Divorce Decree	<input type="checkbox"/>	Titles	<input type="checkbox"/>
Retirement Statement	<input type="checkbox"/>	Insurance Policy	<input type="checkbox"/>
Other documents	_____		

VII. 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

Witnessed by

Date

APPROVED Based on Income Based on Hardship

Date

DENIED

Date

Comments: _____