

APPLICATION FOR COURT-APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

<u>OFFENSE(S) CHARGED:</u>	<u>OFFENSE DEGREE:</u>	<u>WARRANT NUMBER(S):</u>
Full name: _____ Birth date: ____/____/____ Age: _____		
Mailing address: _____, _____, _____		
Phone number: (____) _____ - _____ Email address: _____@_____._____		
Do you read, write, understand the English language? _____ Language you speak? _____		
Number of people who depend on you financially : _____ Who do you live with? _____		
Make, model, and year of automobile(s): _____		
Are you currently employed? _____	If yes, how much do you receive monthly?	\$ _____
Do you receive unemployment? _____	If yes, how much do you receive monthly?	\$ _____
Do you receive public benefits? _____	If yes, how much do you receive monthly?	\$ _____
Do others in your home work? _____	If yes, how much do they receive monthly?	\$ _____
Do you have other sources of income? _____	If Yes, how much do you receive monthly?	\$ _____
Total monthly income(combine above totals):		\$ _____

ASSETS/VALUE OF PROPERTY YOU OWN

Total amount of cash on hand:	\$ _____		
Total amount in checking/savings:	\$ _____	TOTAL VALUE:	\$ _____
Other property (stocks, land, jewelry):	\$ _____	(COMBINE ALL TOTALS TO THE LEFT)	

MONTHLY EXPENSES YOU PAY (DOES NOT INCLUDE WHAT OTHERS PAY)

Rent/house payment(s):	\$ _____		
Food and household supplies:	\$ _____		
Utilities and telephone:	\$ _____		
Medical and dental expenses:	\$ _____	TOTAL VALUE:	\$ _____
School and childcare/child support:	\$ _____	(COMBINE ALL TOTALS TO THE LEFT)	
Car payment(s), insurance, and gas:	\$ _____		
Any other expenses:	\$ _____		

I certify the above financial affidavit to be correct and further certify that I have been advised of my rights to representation by counsel for the charge(s) listed above pending against me and that I am without means to employ counsel of my own choosing and hereby request the Court to appoint counsel for me. Alternatively, I certify that the interest of justice require court-appointed representation for me before this Court. I understand that if I intentionally or knowingly give false information either in this affidavit or during the hearing on this motion, that I may be prosecuted for the offense of aggravated perjury, a third degree felony, punishable by imprisonment to exceed 10 years or less than 2 years and a fine not to exceed \$10,000.

X _____ (SIGNED BY DEFENDANT) DATE: ____/____/____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, 20____

PRESIDING JUDGE/MAGISTRATE/NOTARY PUBLIC