

**APPLICATION FOR COURT APPOINTED DEFENSE COUNSEL AND/OR  
AFFIDAVIT OF INDIGENCY AND INABILITY TO PAY**

Case Number(s): \_\_\_\_\_ Most serious charge: \_\_\_\_\_

Next Hearing Date/Type: \_\_\_\_\_

**All sections must be completed. Please print neatly. If an item does not apply, write N/A.**

Applicant	Applicant's Employer
Name _____	Company _____
Mailing Address _____	Mailing Address _____
Street Address (if different) _____	Street Address (if different) _____
City, State, Zip _____	City, State, Zip _____
Phone Number _____	Phone Number _____ Position _____
Soc. Sec. No. _____ Birth Date _____	Length of Employment _____ Hours/Week _____
Driver's License/ID No. _____ State _____	Pay Dates _____ Pay Rate \$ _____ mo/wk/yr

Other Household Members (spouse, partner, parent, etc.)	Other Household Member's Employer
Name _____	Company _____
Relation to Applicant _____	Mailing Address _____
Mailing Address _____	Street Address (if different) _____
Street Address (if different) _____	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone Number _____	Length of Employment _____ Hours/Week _____
Soc. Sec. No. _____ Birth Date _____	Pay Dates _____ Pay Rate \$ _____ mo/wk/yr
Driver's License/ID No. _____ State _____	

**Marital Status:  Single  Married  Partner in Civil Union  Separated  Divorced/Civil Union Dissolved**  
**Total Number of Dependents \_\_\_\_\_**

Gross Monthly Income		Amount	Monthly Expenses		Amount
Self (wages, salary, commission)		Amount	Rent/Mortgage		\$
Spouse/Partner/Other Household Members	\$		Groceries		\$
Parents (if in same household)	\$		Utilities		\$
Unemployment Benefits	\$		Transportation		\$
Retirement/Pension/Social Security	\$		Clothing		\$
Alimony/Maintenance	\$		Medical/Dental		\$
Trusts/Annuities	\$		Maintenance (spousal support)		\$
Gifts/Winnings	\$		Child Support		\$
Other Income (Describe. Use Reverse side if nec.)	\$		Other Expenses (Describe. Use Reverse side if nec.)		\$
<b>Total Income</b>	<b>\$</b>		<b>Total Expenses</b>		<b>\$</b>
Assets		Amount	Description of Assets		
Savings Account Balance		\$	Name of Bank:		
Checking Account Balance		\$	Name of Bank:		
Value of Vehicles		\$	Year, Make & Model:		
Value of Recreational Vehicles		\$	Amount Owed:		
Value of House		\$	Year, Make & Model:		
Value of other real property		\$	Amount Owed:		
Value of Stocks, Bonds, Mutual Funds		\$	Year, Make & Model:		
Value of other investments		\$	Amount Owed:		
<b>Total Assets</b>		<b>\$</b>	Type:		
			Type:		

**References:**

1. Name/Address/Phone \_\_\_\_\_
2. Name/Address/Phone \_\_\_\_\_

I swear under penalty of perjury that to the best of my knowledge this information is true and complete.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use ONLY:

Request: \_\_\_ Granted or \_\_\_ Denied

Signature of Judge/Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_ Eligible \_\_\_ Not Eligible \_\_\_ No Financial Information Provided by Responsible Party

For Judicial Officer ONLY:

Signature of Judicial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR COURT APPOINTED COUNSEL

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

You must provide the following documentation with your application:

### A. Proof of Income for past 3 months.

- a. **Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

◆ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

### B. Tax Returns (previous year).

### C. Bank Statements or Verification of Liquid Assets for past 3 months

- a. **Liquid Assets include:** Cash on hand or in accounts, stocks, bonds, certificates of deposit, equity, personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment. If you own a vehicle, you must bring in a copy of the registration and/or title.

### D. Drivers Licenses for each adult in the household.

### E. Proof of Dependents. (Birth certificates, adoption papers or custody papers)

- F. Expenses.** You may be asked to provide proof of expenses at the discretion of the Court. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.

Chief Justice Directive 04-04  
Amended January 2016

<b>INCOME ELIGIBILITY GUIDELINES (Amended January 2016)</b>						
<b>Family Size</b>	<b>Monthly Income*</b>	<b>Monthly Income plus 10%</b>	<b>Monthly Income plus 75%</b>	<b>Yearly Income*</b>	<b>Yearly Income plus 10%</b>	<b>Yearly Income plus 75%</b>
1	\$1,238	\$1,361	\$2,166	\$14,850	\$16,335	\$25,988
2	\$1,669	\$1,836	\$2,920	\$20,025	\$22,028	\$35,044
3	\$2,100	\$2,310	\$3,675	\$25,200	\$27,720	\$44,100
4	\$2,531	\$2,784	\$4,430	\$30,375	\$33,413	\$53,156
5	\$2,963	\$3,259	\$5,184	\$35,550	\$39,105	\$62,213
6	\$3,394	\$3,733	\$5,939	\$40,725	\$44,798	\$71,269
7	\$3,826	\$4,209	\$6,696	\$45,913	\$50,504	\$80,347
8	\$4,259	\$4,685	\$7,454	\$51,113	\$56,224	\$89,447
* 125% of poverty level as determined by the Department of Health and Human Services						
For family units with more than eight members, add \$347 per month to "monthly income" or \$4,160 per year to "yearly income" for each additional family member.						
Source: FEDERAL REGISTER (81FR4036, 01/25/2016)						