

APPLICATION FOR COURT APPOINTED ATTORNEY

NAME: _____ CAUSE NO: _____ DATE: _____ DOB: _____ PIN: _____

ALL INFORMATION MUST BE CURRENT, ACCURATE, AND TRUE. INTENTIONALLY OR KNOWINGLY GIVING FALSE INFORMATION MAY RESULT IN YOUR PROSECUTION FOR THE OFFENSE OF AGGRAVATED PERJURY, A FELONY. THE PUNISHMENT FOR AGGRAVATED PERJURY INCLUDES IMPRISONMENT NOT TO EXCEED TEN (10) YEARS AND A FINE NOT TO EXCEED TEN THOUSAND DOLLARS (\$10,000).

FAMILY STATUS: I am MARRIED / NOT MARRIED (circle one). I have _____ dependant family members who live in my household and who rely upon me for their support. Their ages are: _____.

INCOME: My monthly household income from all sources is \$ _____, received in the following amounts from the following sources:

- 1. Salary: _____ 7. Workman's Comp _____
2. Spouses Salary: _____ 8. Other Gov't. check _____
3. Child Support: _____ 9. Pension _____
4. Unemployment: _____ 10. Interest _____
5. Social Security: _____ 11. Other income _____
6. Disability _____

PROPERTY/ASSETS: I own the following property with the values (minus lien indebtedness) listed below:

- 1. Home: _____ 7. Bank Accounts: _____
2. Cars: _____ 8. Savings Accounts: _____
3. Boats: _____ 9. Cash: _____
4. Other vehicles: _____ 10. Other Real Property: _____
5. Stocks / Bonds: _____ 11. Guns /livestock _____
6. Collections: _____ 12. All other assets , excluding household furniture: _____

I am able to pay AND HEREBY AGREE TO PAY \$ _____ per month to help offset the cost of providing a court appointed attorney to me until I have paid the amount of \$350.00.

On this ____ day of _____, 20____, I have been advised by the _____ Court of my right to representation by counsel in the trial of the charge pending against me. I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. By signing my name below, I swear, that all of the above information about my financial condition is current, accurate, and true. By signing below, I understand that a court official can verify any of the information for accuracy as required to determine my eligibility.

DEFENDANT'S SIGNATURE _____

SUBSCRIBED and SWORN to before me, the undersigned authority, this ____ day of _____, 20 ____.

NOTARY PUBLIC/PERSON AUTHORIZED TO ADMINISTER OATHS _____

For use by Office of Indigent Defense only: DEFENDANT MEETS ELIGIBILITY REQUIREMENTS ____YES ____ NO ____ UNDETERMINED

APPOINTED ATTORNEY'S NAME: _____ Exhibit "D"