

Application for Appointed Defense Services (CINC & JUVENILE CASES) and Financial Affidavit

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| Child's name: | Case No: |
| Person who needs an attorney: | Your relationship to child? |

A. General Information

1. The information on the attached affidavit is NOT confidential.
2. False entries may lead to criminal prosecution and conviction.
3. If you have questions about answering any specific question, speak with the clerk. If you need help or do not understand a question, ask for assistance.
4. The Judge may place you under oath and inquire further about any information provided on this form.

B. Eligibility for Defense Services

1. Appointed counsel and other defense services will only be provided to people who cannot afford to pay for these services themselves.
2. If the Judge determines that you are able to pay a part of the costs of your child's defense, you will be found partially indigent and the court will order you to pay for a part of these costs.
3. You must inform the court if there is a change in any of the financial information given on the affidavit.

C. Repayment to the State

1. You or your child may be required to reimburse the State for all or part of the expenses associated with your child's defense.

I have read and understand the above notice. I hereby request that court-appointed counsel be provided to me or my child and agree to attempt to repay the State for the costs of my or my child's defense if the Court so orders.

| | |
|-------|------------|
| Date: | Signature: |
|-------|------------|

Financial Affidavit

| | | |
|------------------------------|-------------|-------------|
| Parent/Custodian: Last name: | First name: | MI: |
| Address: | City: | State: Zip: |
| Phone numbers/e-mail: | | |
| Spouse (if any): Last name: | First name: | MI: |
| Address: | City: | State: Zip: |
| Phone numbers/e-mail: | | |

Employment Information

| | |
|---|---|
| <p>Mother: Monthly income \$ _____</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> AFDC <input type="checkbox"/> Social Security</p> <p>Employer: _____</p> <p>Employer's address: _____</p> <p>Dates of employment: _____</p> <p>Other (trust accounts, VA payments, etc.) \$ _____</p> | <p>Father: Monthly income \$ _____</p> <p><input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> AFDC <input type="checkbox"/> Social Security</p> <p>Employer: _____</p> <p>Employer's address: _____</p> <p>Dates of employment: _____</p> <p>Other (trust accounts, VA payments, etc.) \$ _____</p> |
|---|---|

Combined monthly incomes: \$ _____ x 12 months = \$ _____ (Yearly income)

Other income: Within the last 12 months, have you received any other income, including income from a business, rent payments, public assistance, support or other sources? _____ If yes, give the amount received and identify the source of that income:
Amount(s) \$ _____ Source(s) _____

Cash: Do you have any available cash or money in savings or checking accounts, certificates of deposit, or other funds? _____
If yes, what is the total combined value (how much is it worth)? \$ _____

Property: Do you own a home, mobile home, land or other property (other than ordinary household furnishings and clothing)? _____
If yes, what is the total value (how much is it worth)? \$ _____

Dependents: Total number of your dependents: _____ For each dependent:

| Name | Age | Relationship to you | Dependent's marital status |
|-------|-------|---------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Debts/Monthly Expenses: How much do you spend per month on the following?

Rent/house payment: \$ _____
Food/clothing/medicine: \$ _____
Utilities/phone: \$ _____
Installment payments: \$ _____
Alimony/child support: \$ _____
Other payments: \$ _____
Total of all the above: \$ _____

Child Support: Do you pay child support for this child? _____ If yes, amount? \$ _____

Statement of Parent(s)/Guardian:

I can afford to pay \$ _____ to the State toward the court costs, attorney's fees, and witness fees.

I (print your name) _____, of lawful age and under penalty of perjury, declare that I have read this affidavit (or that it has been read to me) about my financial condition, and that the statements contained herein are true.

Signature of Parent(s)/Guardian

Determination of Eligibility

2016 Poverty Guidelines for the 48 contiguous states and the District of Columbia:
1 person household: \$11,880 (add \$4,160 for each additional person in the household).

Judge's use only:

- Attorney appointed:** _____
- Appointment denied
- Public Defender appointed
- Partially indigent, able to pay \$ _____

Judge Bethany J. Roberts, Juvenile Division