APPLICATION FOR COURT-APPOINTED COUNSEL	DEFENDANT INCARCERATED ☐ YES ☐ NO	**FOR OFFICE USE ONLY** DATE: TIME: CASE NO:

APPLICANT NAME:_____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ CENSUS # _____

TRIBAL AFFILIATION: _____

SPOUSE NAME: _____ CENSUS # _____

MAILING ADDRESS: _____

PARENT OR GUARDIAN (JUVENILE APPLICANT):

NAME: _____CENSUS #: _____

MAILING ADDRESS: _____

EMPLOYERS:

DEFENDANT

SPOUSE

PARENT OR GUARDIAN

MARITAL STATUS OF DEFENDANT

☐ SINGLE ☐ MARRIED

☐ SEPARATED ☐ DIVORCED

NUMBER OF DEPENDANTS:

_____ CHILDREN _____ OTHER

_____ SPOUSE _____ TOTAL

BANK ACCOUNTS: **ACCT. BALANCE**

☐ **CHECKING: AT** _____ **$** _____

☐ **SAVINGS: AT** _____ **$** _____

AMOUNT OF CASH ON HAND $ _____

DOES ANYONE OWE YOU MONEY ☐ YES ☐ NO HOW MUCH? _____

OTHER ASSETS: _____

MONTHLY INCOME (list income <u>before</u> taxes)

EARNINNGS – SELF $ _____

EARNINGS – SPOUSE $ _____

OTHER (Do not include child support)

_____ $ _____

TRIBAL DISTRIBUTIONS $ _____

TOTAL HOUSEHOLD INCOME $_____

ORDER:

☐ PUBLIC DEFENDER APPOINTED

☐ PUBLIC DEFENDER DENIED

☐ CLERK TO SCHEDULE HEARING

☐ FEE ASSESSED $ _____

☐ PAY PUBLIC DEFENDER FEE BY:

_____

I SWEAR UNDER PENALTY OF PURGERY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

_____

DEFENDANT SIGNATURE DATE PHONE

_____

DATE TRIBAL COURT JUDGE

_____ A copy of this document was handed to Defendant in open court

_____ Pros _____ PUD Emailed by _____ Date _____