

**APPLICATION FOR COURT-APPOINTED COUNSEL**

*\*All sections must be complete - REFER TO INSTRUCTIONS ON BACK. \*Proof of all household income required. \*Further documentation may be required.*

Name of Applicant		Date of Birth	Social Security Number (REQUIRED)	
Street Address		Mailing address		Court
City, State, Zip		City, State, Zip		Charges
<input type="checkbox"/> Cell Phone # <input type="checkbox"/> Home Phone #		Additional Contact Phone #		Case Number(s) <span style="float:right">In Jail: <input type="checkbox"/> Yes   <input type="checkbox"/> No</span>

Name(s) of ALL Other Persons Living in Household	Relationship	Total # In Household	How would you like to receive your mail: <input type="checkbox"/> Mail/Postal OR <input type="checkbox"/> Email
			Email Address:
		Total # Children under 18	*Presumptive Eligibility: Check all that apply <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> SSI <i>*Proof/Documentation required - If provided, you may skip Sections I. &amp; II.</i>
			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
			Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No

I. Gross Monthly Income		II. Monthly Expenses		III. Assets		
Amount		Amount		Location(s) of Real Estate Owned:		
Applicant- Gross Wages	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	\$	Value:\$   Mortgage:\$   Equity:\$		
Applicant Employer Name/School:	-----	Utilities- Gas, Electric, etc.	\$			
	-----	Phone	\$	Value:\$   Mortgage:\$   Equity:\$		
Spouse/Significant Other	\$	Food	\$			
Spouse Employer Name/School:	-----	Child Care	\$	Motor Vehicles, Motorcycle, ATV, Boat, Trailer, etc. -		
	-----	Vehicle Loan Payments	\$			
Parents (if same household)		Gas- Vehicle	\$	Year/Make/Model	Amount Owed	Net Value
Other Household Members	\$	Payroll Taxes Withheld	\$		\$	\$
Self- Employment	\$	Garnishment	\$		\$	\$
Food stamps/SNAP	\$	Child Support Paid	\$		\$	\$
<input type="checkbox"/> TANF <input type="checkbox"/> WIC	\$	Insurance- Health	\$	Cash on hand		
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$	Insurance- Vehicle	\$	Checking Account(s)		
Veteran Benefits/% Disability _____	\$	Cable/Satellite/Internet	\$	Savings Account(s)		
Unemployment	\$	<b>Other Liabilities:</b>	<b>Total Debt</b>	<b>Payment</b>	Business Account(s)	
Worker's Compensation	\$	Medical	\$	\$	Personal Property	
Pension/Retirement	\$	<input type="checkbox"/> Collections <input type="checkbox"/> Liens	\$	\$	Sporting Equipment	
Child Support Received	\$	Court Fees/Fines	\$	\$	Stocks/ Bonds/ Funds/Trusts/CD	
Rental Income	\$	Credit Cards	\$	\$	Tools	
Other Income: _____	\$	Other: _____	\$	\$	Animals/Livestock	
<i>Office Use Only:</i>		<i>Office Use Only:</i>		<i>Office Use Only:</i>		
<b>Total Monthly Income</b>	\$	<b>-Total Expense/Payments</b>	\$	= \$	<b>Total Assets</b>	

**IV. Eligibility- False Swearing**

I, \_\_\_\_\_, believe I am financially unable to employ an attorney. I understand that if I am charged with a felony and I am eligible, a court must appoint counsel. If a misdemeanor is charged, and I am eligible, a court may appoint an attorney, only under certain circumstances. I hereby authorize the Office of the State Public Defender to access any information about me DPHHS has in connection with the SNAP and TANF programs to determine my eligibility for public defender services. I am also aware that although the entities requesting and receiving confidential DPHHS information are bound by law or agreement with DPHHS to protect or preserve its confidentiality, DPHHS cannot assure that confidentiality will be maintained after this information is released by DPHHS. I hereby release DPHHS from any claims or causes of action which may subsequently arise from release of this confidential information.

For determining my eligibility, I swear, under oath, the foregoing information is complete, correct and accurate. **False statements or false information will result in another criminal prosecution for knowingly providing false information.** I understand the questions on this application and the penalty for giving false information or hiding information. **I understand I may be required to pay back all or part of the attorney fees if convicted of the pending charge, and I am able to do so.** I also understand this information may be used to determine my ability to pay fines, fees or costs, if convicted of any charges. Finally, I understand my obligation to report any changes in my financial status throughout the period of representation.

I certify under penalty of perjury or false swearing, that the information given is complete, correct and accurate.

<b>Signature of Applicant</b> _____	<b>Date</b> _____	<b>Witnessed by</b> _____	<b>Date</b> _____
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*Office use only:*

APPROVED:    Income    Verification/Documentation Received  
 Presumptive:    E/    I    Incarceration- From: \_\_\_\_\_ To: \_\_\_\_\_  
 Hardship

Eligibility Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

DENIED:    Non-Compliance    Financial

Notes:



# OFFICE OF THE PUBLIC DEFENDER STATE OF MONTANA

## INSTRUCTIONS – APPLICATION FOR COURT-APPOINTED COUNSEL

In order to qualify for public defender services, the Application for Court-Appointed Counsel must be filled out completely and returned to this office, along with the required proof of income, ***within 10 days*** of receipt of this application.

### GENERAL INFORMATION

- ◆ **Questions:** If you have any questions or need assistance completing your application, please contact the Office of the Public Defender in your area.
- ◆ **All Sections of this application must be completed! \*DO NOT SKIP ANY SECTIONS.**
- ◆ ***We cannot process an application with all zeros:*** Completing with all zeros, none or N/A will not be accepted on this form- you must provide complete household Income, Asset, Expense and Debt information for all household members. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review by this office.
- ◆ **Proof of ALL household income is required:** You must provide income documentation for all household members (other than roommates) with Paystubs, Monthly Bank Statements, Unemployment, Food Stamps/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement and Financial Aid Benefit statements, etc. \*Provide all that apply. \*Please call for alternative documentation. \*If you have no documentation you must provide a written explanation.
- ◆ **Further documentation:** In the case of a Hardship qualification, you will be notified and required to provide further documentation of income, expense and asset information.
- ◆ **\*Presumptive Eligibility:** If proof/documentation is provided for an applicant/household which currently qualifies for TANF, Food Stamps/SNAP or SSI, you may skip Sections I. and II.
- ◆ **If you are in jail:** Complete the application with your usual monthly Income, Expenses and Assets when you are not incarcerated and include all household member information as well.
- ◆ **Students** please include Financial Aid Benefit information as Other Income and state this in the area provided.
- ◆ **Obligation to report any changes in income or financial status continues throughout entire period of representation!**

**\*FAILURE TO COMPLY WITH THESE INSTRUCTIONS AND PROVIDE A COMPLETE APPLICATION AND/OR REQUESTED DOCUMENTATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION AND THE LOSS OF YOUR PUBLIC DEFENDER SERVICES.**

**PLEASE RETURN BY FAX, WALK IN, OR MAIL TO:**

**Office of the State Public Defender, Region 1**

1205 S. Main St.

Kalispell, MT 59901

855-412-5661 (toll-free)

406-751-6080 (phone)

406-751-6840 (fax)