

**APPLICATION FOR INDIGENT DEFENSE SERVICES  
FOR AN ADULT IN A JUVENILE CASE**

**NOTICE: You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W2, or 3) most recent Tax Return, or 4) Written Statement from Employer.**

TITLE OF CASE: \_\_\_\_\_

PERSON FOR WHOM SERVICES ARE SOUGHT: \_\_\_\_\_

CASE NUMBER(S): \_\_\_\_\_

TYPE OF CASE:            Informal Adjustment            Unruly            Delinquency  
(Circle all that apply)            Deprivation            TPR            Other

*Please Print All Information*

<b>PART A</b>
What is your full name (include any aliases)? _____
Home phone number: _____ Work: _____ Cell: _____
Full Mailing Address: _____
Street Address (if different): _____
Date of Birth: _____
Have you ever had an appointed lawyer? YES _____ NO _____
If yes, who was your attorney? _____
If yes, when and in what county/state? _____

<b>PART B</b>
Do you receive any of the following governmental benefits:
TANF: YES _____ NO _____      Medical Assistance for the Elderly: YES _____ NO _____
Supplemental Security Income:      YES _____ NO _____
<b>If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, skip parts C, D, and E and go to Part F.</b>
If you answered no to receiving TANF, Supplemental Security Income, <b>AND</b> Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.

**PART C**

Are you employed? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If yes, print your employer's name, telephone number and address: \_\_\_\_\_  
 \_\_\_\_\_

What type of work do you do? \_\_\_\_\_  
 \_\_\_\_\_

What is your supervisor's name? \_\_\_\_\_  
 \_\_\_\_\_

Is your spouse employed? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT MARRIED \_\_\_\_\_

Your Monthly income before taxes \$ _____	Cash on Hand \$ _____
	Bank Accounts \$ _____
Spouse's monthly income before taxes \$ _____	Tax refund coming \$ _____
Governmental/Public Assistance: \$ _____	Stocks/Bonds \$ _____
	Land/Real Estate \$ _____
Unemployment \$ _____	Value of Home/Mobile Home \$ _____
	Value of Vehicles \$ _____
Pension \$ _____	
	Livestock \$ _____
VA Disability \$ _____	
Military Allotment \$ _____	Household Goods \$ _____
Spousal/Child support \$ _____	
Other Income \$ _____	Other Assets \$ _____
<b>Total Monthly Income</b> \$ _____	<b>Total Assets</b> \$ _____

**PART D**

If you own or are buying property listed below, circle the item and then fill in the information about the property.

Property:	What is the make/model & year	Cost when you bought it	Present Value	How much do you still owe on it?
Car				
Second Car				
Pickup				
Truck				
Motorcycle				
Recreational Vehicle				
House / Mobile Home				
Other Real Estate				
Other Property: _____				
Other Property: _____				

**PART E**

Names of people living in your household):

	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Names, ages, and relationship of other dependents or others you support financially:

1. \_\_\_\_\_
2. \_\_\_\_\_

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART F**

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent me. I understand that the information supplied on this form is not confidential, and will be provided to my attorney and to the ND Commission on Legal Counsel for Indigents. I also understand that if I have supplied false information in the application, it may lead to criminal prosecution and conviction.

If counsel is appointed for me, I understand that I have a continuing responsibility to inform the court of any changes in my financial condition. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for me at this time, I may be required to pay back those expenses to the State at a later time.

Date: \_\_\_\_\_  
Signature \_\_\_\_\_

**FOR COURT USE ONLY**

Case Title(s): \_\_\_\_\_

Applicant is found to be:

\_\_\_\_\_ Not Indigent. The Application for appointed defense services is denied.

\_\_\_\_\_ Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents.

Date: \_\_\_\_\_ Approved: \_\_\_\_\_

\_\_\_\_\_  
Judge of District Court or Designee