



APPLICATION FOR INDIGENT DEFENSE SERVICES

MINOR IN A JUVENILE CASE

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

SFN 59349 (01/08/2014)

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 W-2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

Please Print All Information

Title of Case:
Name of child for whom services are sought:
Case number(s):
Check all that apply. Type of case: <input type="checkbox"/> Informal adjustment <input type="checkbox"/> Unruly <input type="checkbox"/> Delinquency <input type="checkbox"/> Deprivation <input type="checkbox"/> TPR <input type="checkbox"/> Other

Part A – Parent’s Information

What is your full name (include any aliases)?		
Full mailing address:		
Home phone number:	Work:	Cell:
Alternate contact phone number(s):		Year of birth:
Email address:		
Have you ever had an appointed lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who was your attorney?		
If yes, when and what county/state?		

Part B

Do you personally receive any of the following governmental benefits: TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Assistance for the Elderly: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, and have attached documentation that you personally receive such benefits, skip parts C, D, E, and F and go to Part G. If you have not attached documentation showing that you personally receive such benefits, or if you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.

Part C - Income

What type of work do you do?	
Current employer’s name:	Current employer’s phone number:
Current employer’s address:	
Supervisor’s name:	Supervisor’s phone number:
Dates of employment with current employer:	Hours worked per week:
Rate of pay (dollars paid per hour):	Monthly income (before taxes):

MOST RECENT PAST EMPLOYMENT (LIST ALL EMPLOYERS DURING PAST TWO YEARS)		
Employer	Dates of Employment	Monthly Income Before Taxes
If currently unemployed or laid off, when were you separated from employment: _____ When was your last day of work? _____ What is the reason for your separation from employment? _____ Please indicate the date you expect to return to work: _____		
If currently unemployed or laid off, please indicate the date you expect to return to work: _____		
Is your spouse employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Married		Spouse's monthly income (before taxes): _____
Unemployment received by self and/or spouse (per month): _____		
Spousal or child support received by self and/or spouse (per month): _____		
Amount of any other governmental assistance received by self and/or spouse (per month): _____		
Amount of any pension received by self and/or spouse (per month): _____		
Amount of any VA military allotment, VA disability and any other income received by self and/or spouse (per month): _____		
Do you own mineral rights? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received any royalty payments within the previous 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: _____ Do you expect to receive any royalty payments in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part D – Assets

Please indicate the dollar value of the assets below.		
Cash on hand:	Bank accounts:	Tax refund coming:
Household goods:	Livestock:	Other assets:

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 or Truck				
Second Car or Truck				
Other vehicle(s), motorcycle(s), camper(s), boat(s), snow mobile(s), ATV(s), etc.				
House/Mobile Home				
Other Real Estate				
Other Property				
Other Property				

Part E – Household Members

Names of other people living in your household (do not provide full name of minors, use only initials).		
Name	Age	Relationship

Names of others you support financially (do not provide full name of minors, use only initials).		
Name	Age	Relationship

Part F – Extraordinary Financial Considerations

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?
 Yes No If you answered yes, please explain:

Part G

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. 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, employment status, or household size. 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 the attorney fees and related expenses to the State at a later time.

Date: _____ Signature: _____

The following questions are optional (you do not have to answer them if you do not want to do so).
Please indicate your race/ethnicity:
Did you/do you serve in the armed forces? Yes No

FOR COURT USE ONLY

Applicant is found to be:

- Not eligible for indigent defense services, because
 - this is not a type of matter for which services are authorized (such as when the case is closed and nothing is currently pending before the Court)
 - Other _____
- 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. The Court hereby advises the defendant of the defendant’s potential obligation to reimburse the Commission the amounts expended on behalf of the defendant.

Date: _____
_____ Judge of District Court or Designee