

**REFERENCE LIST IDENTIFYING REDACTED INFORMATION
CONFIDENTIAL - FILED UNDER SEAL**

Case Number(s): _____

**APPLICATION FOR INDIGENT DEFENSE SERVICES
CIVIL CASES**

Please Print All Information

Applicant's Full Name: _____

Applicant's Date of Birth: _____

Applicant's Mailing Address: _____

Street Address (if different): _____

From Part E of the Application:

The full names of any minors listed as people living in your household:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The full names of any minors listed as other dependants or others you support financially:

1. _____
2. _____

Date: _____

Signature

**APPLICATION FOR INDIGENT DEFENSE SERVICES
CIVIL CASES**

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: _____

CASE NUMBER(S): _____

TYPE OF CASE:
(circle all that apply)

Order to Show Cause - Child Support

Contempt

Other: _____

Please Print All Information

PART A

What is your full name (include any aliases)? _____

Home phone number: _____ Work: _____ Cell: _____

City and State of Home Address: _____

Year 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? _____

PART 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 _____

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.

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

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

 What type of work do you do? _____
 Is your job waiting for you? YES _____ NO _____ NOT SURE _____
 What is your supervisor's name? _____

Is your spouse employed? YES _____ NO _____ NOT MARRIED _____

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

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 (do not provide full names of minors, use only initials):

	<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 (do not provide full names of minors, use only initials):

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 that the accompanying reference list identifying redacted information 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. If this is a child support enforcement proceeding or contempt proceeding, a prior judicial determination has been made that jail is a likely sanction.

Date: _____

Approved: _____

Judge of District Court or Designee