

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

Case Number(s): \_\_\_\_\_

**APPLICATION FOR INDIGENT DEFENSE SERVICES  
CRIMINAL CASES**

**Please Print All Information**

Defendant's Full Name: \_\_\_\_\_

Defendant's Date of Birth: \_\_\_\_\_

Defendant'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  
CRIMINAL CASES**

**REQUIRED FEE:** You must pay a \$25 fee when submitting this application. The Court may waive or reduce the fee if you cannot pay the entire fee. If the fee is not waived and you do not pay the fee, the amount will be added to any costs you are ordered to reimburse at the conclusion of your 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.

DEFENDANT'S NAME: \_\_\_\_\_

CRIMINAL CHARGE(S): \_\_\_\_\_

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

AMOUNT PAID FOR BOND: \$ \_\_\_\_\_

*Please Print All Information*

<b>PART A</b>
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? _____

<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, 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	\$ _____
	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>	<b>\$ _____</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 (do not provide full name 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 name 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): \_\_\_\_\_

Application Fee: Paid \_\_\_\_\_ Reduced to \$ \_\_\_\_\_ Waived \_\_\_\_\_ Due \_\_\_\_\_

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. 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: \_\_\_\_\_ Approved: \_\_\_\_\_

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