

Attorney _____

Appt. _____

CONFIDENTIAL

WAYNE COUNTY PUBLIC DEFENDER

Date: _____

Screened by: _____

Application for Assignment of Counsel under County Law, Article 18-B

PART I

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____

Home Address: _____

Cell phone: _____

Alternate phone: _____

Marital Status: Single Married Divorced Widowed

Race: Black White Asian Am. Indian Other

Number of financial dependents in household:

CURRENT CASE INFORMATION

Arrest Date: _____ Arraignment Date: _____

Name of Court: _____

Judge: _____

Charges: _____

Co-Defendants (If any): _____

Next Scheduled Court Date: _____

EMPLOYMENT

Occupation (if a student, indicate school and grade; if self-employed, indicate and describe the nature of employment):

Name and address of Current Employer:

Amount of Net (Take-Home) Pay: \$ _____ per Year Month Bi-weekly Weekly

Court/Screeners: Is the applicant's income at or below 250% of the FPG? _____ Yes _____ No

OTHER CIRCUMSTANCES:

- 1) Did applicant post bail for this arrest? ___ Yes ___ No; If so, how much? _____
- 2) Is the applicant currently receiving or pending receipt of need-based public assistance ___ Yes ___ No
- 3) W/n past 6 months, has the applicant been found eligible for assigned counsel in another criminal case? ___ Yes ___ No
- 4) Is applicant currently on probation? ___ Yes ___ No; On parole? ___ Yes ___ No; If so who is the officer? _____
- 5) Any Military Service? Y / N If so, when? _____ Branch: _____ Type of Discharge: _____

I am aware that I MAY receive text notifications of Court dates and appointments

Signature: _____ Date: _____

Applicant: Stop here. Await further instructions.

**Instructions for Court/Screeners: Is Applicant presumptively eligible for assigned counsel? _____ Yes _____ No
[If Yes, counsel shall be assigned. If No, proceed to Part II of the application]**

CONFIDENTIAL

PART II

OTHER INCOME

Does the applicant currently receive pension, annuity, or retirement payments? ___ Yes ___ No If yes, list the amount: _____

Does the applicant currently receive income from owned real estate? ___ Yes ___ No If yes, list the amount: _____

List other sources and amount of income the applicant receives (do not include child support or need-based public assistance):

ASSETS

List estimated total amount currently in applicant's bank accounts (savings and checking): _____

List all real estate applicant owns (see Instructions for primary residence exception): _____

Current Market Value (estimate): _____ Amount owed: _____

List any vehicles applicant owns not necessary for basic life activities: _____

Current Market Value (estimate): _____ Amount owed: _____

List value of all stocks or bonds in applicant's name:

MONTHLY LIVING EXPENSES

Food: \$ _____ Rent or Mortgage Payments: \$ _____ Utilities: \$ _____

Transportation/Auto Expenses (Including Payments & Insurance): \$ _____

Child Care: \$ _____ Child Support Paid Out: \$ _____ Alimony Paid Out: \$ _____

Medical Bills (Including Health Insurance, Medications, Medical Debts): \$ _____

List other expenses. Include employment-related expenses, educational loans & costs, minimum monthly credit card payments, unreimbursed medical expenses, and expenses related to age or disability:

1. _____ 3. _____

2. _____ 4. _____

Signature _____ Date _____

For Court or Screener

COST OF RETAINING PRIVATE COUNSEL

What is the estimated cost of retaining private counsel in your county for the offense the applicant is being charged with?

Based on the information in the previous section (seriousness of the offense[s], income and expense information, etc.), will this applicant be able to afford the cost of counsel indicated above? _____ Yes _____ No

ELIGIBILITY

Is the applicant eligible for assigned counsel? _____ Yes _____ No

If answering no, state why: _____
