APPLICATION FOR INDIGENCY/COURT APPOINTED COUNSEL

Case number:Co	urt Room:	District:		
Most serious charge:	ust he completed	Next hearing date/Type: Print neatly. If an item does not apply, write		
All sections m Applicant	ust be completed.	Applicant's Employer	e N/A.	
Name				
			Company	
Mailing Address			Mailing Address	
Street Address (if different)				
City, State, Zip		City, State, Zip		
Phone number		Phone Number F	Position	
Soc. Sec. No Birthdate		Length of Employment	_ Hours/Week	
Driver's License No State		Pay Dates: P	ay Rate: \$	
Other Household Members (Spouse, Parent, etc.)		Other Household Member's Employe	Other Household Member's Employer	
Name		Company	Company	
Relation to Applicant				
Mailing Address				
Street Address (if different)				
City, State, Zip			Phone Number Position	
• • • •			Prone Number Position Length of Employment Hours/Week	
Phone number				
Soc. Sec. No		Pay Dates: P	ay Rate: \$	
Driver's License No.	State			
	· •	Total Number of Dependents (including yourself):	 T	
Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount	
Self (wages, salary, commission)	\$	Rent/Mortgage	\$	
Spouse/Other Household Members		Groceries		
Parents (if same household)		Utilities		
Unemployment Benefits		Clothing		
Social Security/Retirement Funds Maintenance/Alimony		Maintenance/Alimony and/or Child Support Medical/Dental		
Other Income (see Page 2)		Other Expenses (identify source)		
Other Income (see Page 2)		Other Expenses (identify source)		
Total Household Income	\$	Total Expenses	\$	
Assets	↓ Amount	Description	Ψ	
Savings Account Balance	\$	Name of Bank:		
Checking Account Balance	φ	Name of Bank:		
Value of Vehicles		Year and Model:		
Value of Recreation Vehicles		Amount Owed: \$		
Value of House		Type:		
Value of Other Property		Type:		
Value of Stocks, Bonds, Mutual Funds		Type:		
Value of Other Investments		Year and Model:		
Total Assets	\$	Convertible to Cash = \$		
References:				
1. Name/Address/Phone				
2. Name/Address/Phone				
Guidelines:				
At or below or Above or				
Automatically eligible for PD/GAL/RF	C (Din custody &/	(or bond allowed Dout on bond) or		
Refer to scoring instrument (Criminal				
Signature of investigator/clerk/PD:		Date:		
		formation is true and complete. I also understa of Colorado for attorney fees spent on my behal		
Client signature		Date:		
Signature of judicial officer:				
		Date	· · · · · · · · · · · · · · · · · · ·	
Request: granted or denied				

APPLICTION FOR INDIGENCY/COURT APPOINTED COUNSEL

General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

• Income categories to include:

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

• Income categories do not include:

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

- **B. Liquid Assets.** Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.
- **C. Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 208.