

OFFICE OF THE STATE PUBLIC DEFENDER - STATE OF MONTANA  
**APPLICATION FOR COURT-APPOINTED COUNSEL**

*\*All sections must be complete - REFER TO INSTRUCTIONS ON BACK. \*Proof of all household income required. \*Further documentation may be required.*

Name of Applicant		Date of Birth	Email	
Street Address		Mailing address		Court
City, State, Zip		City, State, Zip		Charges
Primary Phone #		Additional Phone #		Case Number(s) <span style="float: right;">In Jail: <input type="checkbox"/> Yes <input type="checkbox"/> No</span>
Name(s) of ALL Other Persons Living in Household		Relationship	Total # In Household	How would you like to receive your mail: <input type="checkbox"/> Mail/Postal OR <input type="checkbox"/> Email
				Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
				*Presumptive Eligibility: Check all that apply <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> SSI/SSDI
			Total # Children	*Proof/Documentation required - If provided, proceed to Section IV.
				Office use only: <input type="checkbox"/> Current <input type="checkbox"/> Juvenile <input type="checkbox"/> Fugitive

I. Gross Monthly Income		II. Monthly Expenses		III. Assets		
Amount		Amount		Location(s) of Real Estate Owned:		
Applicant - Gross Wages	\$	Mortgage <input type="checkbox"/> Rent <input type="checkbox"/>	\$	Value:\$ Mortgage:\$ Equity:\$		
Applicant Employer Name/School:	-----	Utilities- Gas ,Electric, etc.	\$			
	-----	Phone	\$	Value:\$ Mortgage:\$ Equity:\$		
Spouse/Significant Other	\$	Food	\$			
Spouse Employer Name/School:	-----	Child Care	\$	Motor Vehicles, Motorcycle, ATV, Boat, Trailer, etc.		
	-----	Vehicle Loan Payments	\$			
Parents (if same household)		Gas- Vehicle	\$		\$	\$
Other Household Members	\$	Payroll Taxes Withheld	\$		\$	\$
Self- Employment	\$	Garnishment	\$		\$	\$
Food stamps/SNAP	\$	Child Support Paid	\$		\$	\$
TANF <input type="checkbox"/> WIC <input type="checkbox"/>	\$	Insurance- Health	\$	Cash on hand		
<input type="checkbox"/> Social Security <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	\$	Insurance- Vehicle	\$	Checking Account(s)		
Vet Benefits/% Disability _____	\$	Cable/Satellite/Internet	\$	Savings Account(s)		
Unemployment	\$	<b>Other Liabilities:</b>	<b>Total Debt</b>	Business Account(s)		
Worker's Compensation	\$	Medical	\$	Personal Property		
Pension/Retirement	\$	Collections <input type="checkbox"/> Liens <input type="checkbox"/>	\$	Sporting Equipment		
Child Support Received	\$	Court Fees/Fines	\$	Stocks/ Bonds/ Funds/Trusts/CD		
Rental Income	\$	Credit Cards	\$	Tools		
Other Income: _____	\$	Other: _____	\$	Animals/Livestock		
<b>Office Use Only:</b>		<b>Office Use Only:</b>		<b>Office Use Only:</b>		
<b>Total Monthly Income</b>	\$	<b>-Total Expense/Payments</b>	\$	<b>= \$</b>		<b>Total Assets</b>

**IV. Eligibility- False Swearing**  
 I, \_\_\_\_\_, believe I am financially unable to employ an attorney. I understand that if I am charged with a felony and I am eligible, a court must appoint counsel. If a misdemeanor is charged, and I am eligible, a court may appoint an attorney, only under certain circumstances.

For determining my eligibility, I swear, under oath, that the foregoing information is complete, correct and accurate. **False statements or false information will result in another criminal prosecution for knowingly providing false information.** I understand the questions on this application and the penalty for giving false information or hiding information. **I understand that I may be required to pay back all or part of the attorney fees if I am convicted of the pending charge, and I am able to do so.** I also understand that this information may be used to determine my ability to pay fines, fees or costs, if I am convicted of any charges. Finally, I understand my obligation to report any changes in my financial status throughout the period of representation.

I certify under penalty of perjury or false swearing, that the information given is complete, correct and accurate.

Signature of Applicant	Date	Witnessed by	Date
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*Office use only:*

APPROVED:  Income  Hardship  
 Presumptive  Incarceration- From: \_\_\_\_\_ To: \_\_\_\_\_  
 Verification/Documentation Received

Eligibility Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

DENIED:  Failure to Provide Application/Requested Documentation  Financial

Eligibility Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_



# OFFICE OF THE STATE PUBLIC DEFENDER STATE OF MONTANA

## INSTRUCTIONS – APPLICATION FOR COURT-APPOINTED COUNSEL

In order to qualify for public defender services, the Application for Court-Appointed Counsel must be filled out completely and returned to this office, along with the required proof of income, ***within 10 days*** of receipt of this application.

### GENERAL INFORMATION

- ◆ **Questions:** If you have any questions or need assistance filling out your application, please contact the Office of the State Public Defender in your area.
- ◆ **All Sections of this application must be completed! \*DO NOT SKIP ANY SECTIONS.**
- ◆ ***We cannot process an application with all zeros:*** Filling out all zeros will not be accepted on this form- you must provide complete household Income, Asset, Expense and Debt information for all household members. If you are completing this application with no income or benefits, you must explain your circumstances with a written explanation for review by this office.
- ◆ **Proof of ALL household income is required:** You must provide income documentation for all household members (other than roommates) with Paystubs, Monthly Bank Statements, Unemployment, Food Stamps/SNAP, TANF, Social Security, SSI, SSDI, Worker's Compensation, Pension/Retirement and Financial Aid Benefit statements, etc. \*Provide all that apply. \*Please call for alternative documentation. \*If you have no documentation you must provide a written explanation.
- ◆ **Further documentation:** in the case of a Hardship qualification, further documentation may be requested. You will be notified when this is required.
- ◆ **\*Presumptive Eligibility:** If proof/documentation is provided for an applicant's household which currently qualifies for TANF, Food Stamps/SNAP and/or SSI/SSDI, you may skip Sections I. through III. and proceed directly to Section IV.
- ◆ **If you are in jail:** Complete the application with your usual monthly Income, Expenses and Assets when you are not incarcerated and include all household member information as well.
- ◆ **Students** please include Financial Aid Benefit information as Other Income and state that in the area provided.
- ◆ **Obligation to report any changes in income or financial status continues throughout entire period of representation!**

**\*FAILURE TO COMPLY WITH THESE INSTRUCTIONS AND PROVIDE A COMPLETE APPLICATION AND/OR REQUESTED DOCUMENTATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION AND THE LOSS OF YOUR PUBLIC DEFENDER SERVICES.**

**PLEASE RETURN BY FAX, WALK IN, OR MAIL TO:**