

STATE OF INDIANA)
) SS:
COUNTY OF _____)

IN THE _____, COURT
CAUSE NO: _____

STATE OF INDIANA,)
)
Plaintiff,)
)
v.)
)
_____,)
)
Defendant.)

PETITION FOR APPOINTMENT OF COUNSEL

I hereby affirm under penalty of perjury that the following information is accurate and complete. I believe that I lack the financial resources to hire an attorney. I hereby request the appointment of counsel to represent me in this matter. In support of this request, I affirm that the following information is true and correct.

SECTION 1: IDENTIFYING INFORMATION

Name: _____ Date of Birth: _____ Social Security # (last four): _____

Do you have pending criminal charges in _____ County for which a Public Defender has been assigned? Yes No

SECTION 2: HOUSEHOLD & EMPLOYMENT

Are you experiencing homelessness? Yes No Are you married? Yes No

Where do you live? _____ Telephone # _____

How many people, other than yourself, do you support? Adults: _____ Children: _____

Do you live with or share expenses with another adult? _____

---If yes, what is the take home pay per week of additional adults? _____

****NOTICE****

If the Court finds that you can pay part of the cost of an appointed attorney, you will be ordered to pay an initial fee of \$200 in a felony case, and \$100 in a misdemeanor case. You may also be required to repay the value of your appointed attorney's services if you are found to be able to pay at any time in the future.

Are you employed? Yes No If yes, name of employer: _____

What is your employer's address? _____

What type of work do you do? _____

How long have you had this job? _____

How many hours per week do you work? ____ What is your **take home** pay per week?
\$ _____

If you do not work full time, when was the last time you worked a full [30+hours] week?

If you have not worked a full week recently, when do you think you will next work a full week?

SECTION 3: PUBLIC ASSISTANCE

Please check the boxes for programs that you are currently enrolled in or receive benefits through:

- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)
- Medical Assistance (Medicaid, Health Advantage, HIP)
- Public Housing Assistance (i.e., Section 8)
- Supplemental Nutrition Assistance Program (food stamps, SNAP)
- Other public assistance program(s) (please list): _____

SECTION 4: INCOME, EXPENSES, & ASSETS Please list your monthly income and expenses below.

INCOME		EXPENSES	
Salary/Wages (after tax):	\$	Mortgage/Rent:	\$
Social Security (SSI, SSD, SSR)	\$	Utilities	\$

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Unemployment:	\$	Child Support/Alimony:	\$
Worker's Compensation:	\$	Child Care:	\$
Pension/Retirement	\$	Medical:	\$
Fund: Annuities:	\$	Food:	\$
Dividends:	\$	Transportation:	\$
Contributions from Family Members:	\$	Business, Farming, Education, or Employment related expenses:	\$
Other:	\$	Other:	\$
TOTAL MONTHLY INCOME:	\$		
TOTAL MONTHLY EXPENSES:	\$	TOTAL:	\$

Please list any ASSETS you own.

Cash, Savings, Checking; Stocks, Bonds, or Certificates of Deposit:	\$	
Value of Home:	\$	
Amount Owed on Home:	\$	
Equity in Home:	\$	
Other:	\$	
Total OTHER ASSETS:	\$	

Date: _____

[Defendant's signature]: _____

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