## **Application for Public Defender Services**

Notice: You may be required to provide proof of income. This may include a pay stub, a notice of decision from the Department for Children and Families, Economic Services Division, a copy of your income tax return for the prior year, or, if you have no income and did not file a return in the prior year, a sworn explanation of how you survive without income. This application is not confidential. However, any proof of income submitted to the court will remain confidential. The court may contact the Department of Taxes to verify taxable income.

State of Vermont Division			U	nit		Type of Case F M MCr A			Docket Number														
Name of Applicant				ate of Birth		Social Security Number		Telephone Number (Day)															
Mailing Address City, State, Zip C					ode Telepho					ne Number (Evening)													
<del>-</del>																							
Name(s) of Family Household Members Relationship						nber hold	IMPOR	TANT			Yes No												
						Do you cohabit *** with anyone?																	
						Do you receive Welfare Aid*?  Total Number of Are you now on Probation or Parole?																	
						Dependents Relationship of Applicant to Cohabitant?																	
Income						Assets Location of Real Estate Owned:				Monthly Exp	oenses												
		ous 30 Days	Previous Applicant	12 Months Cohabitant ***	Location of F	teal Esta	ate Owned:			Phone Rent													
Cross Income from Wages	Арріїса	TIL CONADILANI	Арріісані	Conabilant	Fair Market V	alue -¡O	utstanding Mortga	•,	let Worth	Utilities/Fuel													
Gross Income from Wages  Business Income less Expens	es			1	\$ Matan Yalint	\$		\$	D. H.	Food Clothing													
Unemployment Comp.						,	rcycles, All Terra		es, Boats t Worth	Medical													
Child Support							\$	\$		Child Support													
Public Assistance*				1	01 ::	1	\$	\$		Insurance: Home													
Other Income**  Total				1	Cash on Ha Checking Acc		Bank Name & Ac	\$ ct. #		Health													
Total						ou(o).	24	\$		Auto													
TOTAL ANNUAL INCOME (A+B)						Checking Account(s): Bank Name & Acct. # \$				Life Loan Payments:													
* Public Assistance could include: TANF/Reach Up, SSI and General Assistance  ** "Other" could include Disability Insurance and Social Security					Savings Acco	unt(s): B	ank Name & Acct	i.# \$		Motor Vehicles													
					Other: \$			\$		Home Mortgage													
Applicant's Employer: Name & Address Cohabitant's Name				1111					Property Taxes Other Expenses														
					Other:			\$		Other:	-												
Cohabitant's Employe				Name and	Other:	Other:				Other:													
Address										TOTAL													
						. / 100	,			EXPENSES ¢													
						Notice to Applicant																	
Request for Assignment of a Lawyer I request the Court to assign a lawyer to represent me in this						be ord	Notice t ered to pay a	<b>o Appl</b> i minimur	i <b>cant</b> n of \$25	5.00 toward the s	tate's cost												
case. I further ask that all necessary costs and expenses for						of providing the public defender even if you are receiving public																	
legal services, as allowed by the Court, be paid by the State of						assistance. If you feel you do not have the ability to pay the amount ordered or if the circumstances of your case make the amount																	
						inappropriate, you may ask the court clerk to reduce the amount.																	
Signature of Applicant Date The above individual						al personally appeared before me Notary Public Date																	
						he truth of the above matters.																	
FINDINGS AND ORDER  1. The Applicant is Not a Financially Needy Person.  After reviewing the State's Attorney's information and the law																							
1. The Applicant is Not a Financially Needy Person in that the applicant does have sufficient liquid assets, sufficient						enforcement officer's affidavit, the Court finds:																	
in that the applicant does have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money,						☐ 3. The applicant has been charged with a serious offense																	
or sufficient income in excess of basic expenses to retain private						☐ 4. The applicant has NOT been charged with a serious																	
counsel.					offense in that:																		
<ul> <li>□ 2. The Applicant is a Financially Needy Person in that the applicant does not have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to retain counsel. If counsel is assigned to represent the applicant:</li> <li>□ a. Applicant has no ability to pay.</li> </ul>					<ul> <li>applicant is charged does not include the possibility of a jail sentence or a fine in excess of \$1,000.00.</li> <li>b. The Court has determined at arraignment, and stated on</li> </ul>																		
												the record, that if the applicant is convicted, the Court will not sentence the applicant to a period of imprisonment or fine the											
												b. The applicant is ordered to pay a total of \$ for the services of counsel assigned by the court.					applicant more than \$1,000.00.						
																	<del>                                    </del>	In that	the applicant:	o finan-	- د د بالما	dy and has been	2
					c. The applicant is ordered to pay \$						In that the applicant is financially needy and has been charged with a serious offense, an attorney is assigned to												
as a down payment ("co-payment"").  The applicant is ordered to pay the balance of the total payment						represent the applicant COUNSEL ASSIGNED *																	
("reimbursement") to the Clerk of the Court within 60 days of the						☐ COUNSEL DENIED.																	
date of this Order. Any amount due 60 days from now will be sent to the VT Tax Department for tax offset and collection.						* Counsel may be revoked if co-payment or proof of income is not provided.																	
Court Clerk/Judicial Officer Date																							
					Judge					Date													
								<u> </u>															
Notice to Applicant: Yo	u are adv	ised that you	u have th	e right to ha	ave the clerl	c's dete	ermination of	tınancia	ı need ı	reviewed by the	presiding												

**Notice to Applicant:** You are advised that you have the right to have the clerk's determination of financial need reviewed by the presiding judge and the right to have the court clerk's determination of the amount of the payment order reconsidered by the court clerk; you also have the right, after you have requested a review or reconsideration, to **appeal** both determinations to a Supreme Court Justice. You may do so by contacting the Clerk of the Supreme Court by telephone (802) 828-4774 or by sending a letter to: **109 State Street, Montpelier, VT 05601-0701.** 

Verification of income received