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)**	**In Jail**: ☐ Yes ☐ No

Name(s) of ALL Other Persons Living in Household	**Relationship**	**Total # In Household**
		Total # Children

How would you like to receive your mail: ☐ Mail/Postal OR ☐ Email

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

*Presumptive Eligibility: Check all that apply
☐ TANF ☐ Food Stamps/SNAP ☐ SSI/SSDI
*Proof/Documentation required - If provided, proceed to Section IV.

Office use only: ☐ Current ☐ Juvenile ☐ Fugitive

I. Gross Monthly Income	**Amount**	**II. Monthly Expenses**	**Amount**	
Applicant - Gross Wages	$	Mortgage ☐ Rent ☐	$	
Applicant Employer Name/School:	----------	Utilities- Gas ,Electric, etc.	$	
	----------	Phone	$	
Spouse/Significant Other	$	Food	$	
Spouse Employer Name/School:	----------	Child Care	$	
	----------	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 ☐ WIC ☐	$	Insurance- Health	$	
☐ Social Security ☐ SSI ☐ SSDI	$	Insurance- Vehicle	$	
Vet Benefits/% Disability_____	$	Cable/Satellite/Internet	$	
Unemployment	$	**Other Liabilities:**	**Total Debt**	**Payment**
Worker's Compensation	$	Medical	$	$
Pension/Retirement	$	Collections ☐ Liens ☐	$	$
Child Support Received	$	Court Fees/Fines	$	$
Rental Income	$	Credit Cards	$	$
Other Income:_____	$	Other:_____	$	$
Office Use Only: **Total Monthly Income**	$	*Office Use Only:* **-Total Expense/Payments**	$	= $

III. Assets		
Location(s) of Real Estate Owned:		
Value:$	Mortgage:$	Equity:$
Value:$	Mortgage:$	Equity:$
Motor Vehicles, Motorcycle, ATV, Boat, Trailer, etc.		
Year/Make/Model	Amount Owed	Net Value
	$	$
	$	$
	$	$
	$	$
Cash on hand	$	
Checking Account(s)	$	
Savings Account(s)	$	
Business Account(s)	$	
Personal Property	$	
Sporting Equipment	$	
Stocks/ Bonds/ Funds/Trusts/CD	$	
Tools	$	
Animals/Livestock	$	
Office Use Only: **Total Assets**	$	

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**

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:

Madison County Justice Court
PO Box 277
Virginia City MT 59755

100 W Wallace St - second floor
Fax: (406)843-4219