

**APPLICATION FOR INDIGENT DEFENSE**

**NOTICE:** You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W-2, or 3) most recent Tax Return, or 4) Written Statement from Employer.

**Please Print All Information**

Defendant's name:
Criminal charge(s):
District Court case number(s):
If for a criminal appeal, appellate case number(s):
Amount paid for bond:

**Part A – Client Information**

What is your full name (include any aliases)?		
Full mailing address:		
Home phone number:	Work	Cell:
Alternate contact phone number(s):		Year of birth:
Email address:		
Have you ever had an appointed lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> N		
If yes, who was your attorney?		
If yes, when and what county/state?		

**Part B**

Do you personally receive any of the following governmental benefits: <p style="text-align: right;">TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Assistance for the Elderly: <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, and have attached documentation that you personally receive such benefits, skip parts C, D, E, and F and go to Part G. If you have not attached documentation showing that you personally receive such benefits, or if you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.</b>

**Part C - Income**

What type of work do you do?	
Current employer's name:	Current employer's phone number:
Current employer's address:	
Supervisor's name:	Supervisor's phone number:
Dates of employment with current employer:	Hours worked per week:
Rate of pay (dollars paid per hour):	Monthly income (before taxes):

MOST RECENT PAST EMPLOYMENT (LIST ALL EMPLOYERS DURING PAST TWO YEARS)		
Employer	Dates of Employment	Monthly Income Before Taxes

If currently unemployed or laid off, when were you separated from employment: _____ When was your last day of work? _____ What is the reason for your separation from employment? _____ Please indicate the date you expect to return to work: _____	
Is your spouse employed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Married	Spouse's monthly income (before taxes):
Unemployment received by self and/or spouse (per month):	
Spousal or child support received by self and/or spouse (per month):	
Amount of any other governmental assistance received by self and/or spouse (per month):	
Amount of any pension received by self and/or spouse (per month):	
Amount of any VA military allotment, VA disability and any other income received by self and/or spouse (per month):	
Do you own mineral rights? <input type="checkbox"/> Yes <input type="checkbox"/> No. Have you received any royalty payments within the previous 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No, Amount: _____ .	
Do you expect to receive any royalty payments in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part D – Assets**

Please indicate the dollar value of the assets below.		
Cash on hand:	Bank accounts:	Tax refund coming:
Household goods:	Livestock:	Other assets:

<b>If you own or are buying property listed below, circle the item and then fill in the information about the property.</b>				
Property:	What is the make/ model & year	Cost when you bought it	Present Value	How much do you still owe on it
Car or Truck				
Second Car or Truck				
Other vehicle(s), motorcycle(s), camper(s), boat(s), snow mobile(s), ATV(s), etc.				
House/Mobile Home				
Other Real Estate				
Other Property				
Other Property				

**Part E – Household Members**

Names of other people living in your household (do not provide full name of minors, use only initials).		
Name	Age	Relationship

Names of others you support financially (do not provide full name of minors, use only initials).			
Name	Age	Relationship	Type and amount of support actually provided

If you pay child support, provide proof of amount paid during most recent two month period.  
(Receipts or bank statements)

**Part F – Extraordinary Financial Considerations**

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?

Yes  No; If you answered yes, please explain:

**Part G**

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent me. I understand that the information supplied on this form is not confidential. I also understand that if I have supplied false information in the application, **it may lead to criminal prosecution and conviction.** If counsel is appointed for me, I understand that I have a continuing responsibility to inform the court of any changes in my financial condition, employment status, or household size. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for me at this time, I may be required to pay back the attorney fees and related expenses to the State at a later time.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

The following questions are optional (you do not have to answer them if you do not want to do so).

Please indicate your race/ethnicity:

Did you/do you serve in the armed forces?  Yes  No

**FOR COURT USE ONLY**

Application Fee:  Paid  Reduced to \$\_\_\_\_\_  Waived  Due

Applicant is found to be:

- Not eligible for indigent defense services, because
- no period of incarceration, actual or suspended, will be imposed by the Court in this case
- this is not a type of matter for which services are authorized (such as when the case is closed and nothing is currently pending before the Court)

Other \_\_\_\_\_

Not indigent. The application for appointed defense services is denied.

Indigent. Counsel is to be provided by the Comanche Nation Tribal Court. The Court hereby advises the defendant of the defendant's potential obligation to reimburse the Court the amounts expended on behalf of the defendant.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge of District Court or Designee