CONFIDENTIAL APPLICATION FOR APPOINTED COUNSEL AFFIDAVIT OF INDIGENCY

READ ME FIRST:

- (1) Please fill out as much of this form as you can; if you do not have exact numbers, please estimate financial amounts as accurately as possible.
- (2) If you do not know an answer, please write DO NOT KNOW.
- (3) All financial information needs to be current as of the date you're filling out this form. For example, if you think you're getting hired next week for a job but today you're still not working, you should list that you're unemployed.

SECTION 1 – PERSONAL INFORMATION

FIRST, MIDDLE, AND LAST NAME:			
DATE OF BIRTH://///	MARITAL STATUS: (SINGLE) (SINGLE ONE	EPRTD.) (MARRIED) (DIVORCED) (WIDOWED	
MAILING ADDRESS:	G ADDRESS: APT/UNIT:		
CITY/STATE/ZIP CODE:			
PRIMARY PHONE #:	ALTERNATE PHONE #:		
EMAIL ADDRESS:			
GENDER: WOMAN MAN TRANSGENDER	NON-BINARY/CONFORMING	PREFER NOT TO RESPOND	
DO YOU RESIDE WITH ANYONE: YES / NO	NUMBER OF DEPENDENTS	YOU SUPPORT:	
DO YOU LIVE IN KENT COUNTY? YES / NO) IF YES, FOR HOW LONG:		
TYPE OF CASE FOR WHICH YOU NEED AN FELONY CRIMINAL	ATTORNEY (CIRCLE ONE): MISDEMEANOR CRIMINAL	PPO VIOLATION	
CASE #: JUDGE:	:	COURT:	
DATE/TIME OF PCC: DATE/TIME OF PRELIM:			
ARE YOU IN JAIL: YES / NO DATE/TIM	ME OF NEXT HEARING (if not PC	C or PE):	
CHECK ALL/ANY THAT APPLY: I am under the age of 18.			
I receive public assistance (SSI, SSD,	Medicaid, WIC, Food Stamps,	Live in Sect. 8, etc.).	
I am currently serving a sentence in jai		,	
I am currently receiving residential trea	itment in a mental health or su	bstance abuse facility.	
I am currently homeless.			
**IF YOU CHECKED ANY OF THE LI			

SECTION 2 – EMPLOYMENT INFORMATION

ARE YOU PRESENTLY EMPLOYED? YES / NO IF YES, NAME OF EMPLOYER:
ADDRESS AND PHONE # OF EMPLOYER:
HOW LONG HAVE YOU WORKED AT YOUR CURRENT EMPLOYER?
WEEKLY TAKE HOME EARNINGS: \$ POSITION/JOB TITLE
IF YOU'RE NOT WORKING, WHEN WERE YOU LAST REGULARLY EMPLOYED: MONTH / YEAR
IS YOUR SPOUSE EMPLOYED? YES / NO
SPOUSE'S WEEKLY TAKE HOME EARNINGS: \$
DO YOU RECEIVE / HAVE YOU APPLIED FOR EMPLOYMENT COMP, WELFARE, ADC, SOC. SEC. BENEFITS, WORKERS COMP?: YES / NO
SECTION 3 – FINANCIAL INFORMATION
DO YOU HAVE ANY OF THE FOLLOWING TYPES OF ACCOUNTS (CIRCLE ONE):
CHECKING SAVINGS RETIREMENT
IF YES, HOW MUCH MONEY IS IN THE ACCOUNT(S): \$
DO YOU OWN A VEHICLE(S)? YES / NO ESTIMATED VALUE OF VEHICLE(S): \$ AMOUNT OWED TO BANK/CREDITOR: \$
PLEASE LIST ANY OTHER PROPERTY OR ASSETS YOU OWN (i.e., property, land, other vehicles, boat, stocks, funds etc.):
PLEASE LIST ALL DEBTS AND THEIR MONTHLY COST: (i.e., credit cards, child support payments, loans, court ordered fines/costs, medical bills, etc.):
WHAT IS YOUR LIVING SITUATION – CIRCLE ALL THAT APPLY TO YOU:
OWN A HOME RENT AN APT/HOME LIVE WITH ROOMMATE LIVE WITH FAMILY
SECTION 4 – CASE INFORMATION
ARE YOU ON BOND? YES / NO
DO YOU HAVE OTHER PENDING CASES? YES / NO
HAVE YOU HAD AN APPOINTED ATTORNEY / PUBLIC DEFENDER BEFORE? YES / NO
IF YES, WHEN? ATTORNEY'S NAME:

APPLICANT'S SIGNATURE	DATE

By signing below, I affirm/swear that everything I have written in this form is true and accurate to the best of my belief. I understand that I may be required to show verification of the information provided

ONCE COMPLETE, MAIL OR EMAIL ALL PAGES OF THE FORM TO:

Kent County Office of the Public Defender or 250 Monroe Ave NW Suite 800 Grand Rapids, MI 49503

above.

indigent-defense@kentcountymi.gov

YOU MAY BE REQUIRED TO REIMBURSE ON A PAYMENT SCHEDULE FOR AN APPOINTED ATTORNEY