

APPLICATION FOR PUBLIC DEFENDER SERVICES

Case

Number(s): \_\_\_\_\_

Name: (Mr./Ms./Mrs.) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_\_) \_\_\_\_\_ D/O/B \_\_\_\_\_

Email Address: \_\_\_\_\_

Be advised Public Defender may use electronic communication.

1) What are your charges? \_\_\_\_\_

2) (a) Bond amount? \_\_\_\_\_ (b) Did you post your bond? \_\_\_\_\_ (c) Were you confined? \_\_\_\_\_

3) Marital Status (check one) \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced

4) Number of Children \_\_\_\_\_ Age(s) \_\_\_\_\_

5) Do you have a job? \_\_\_\_\_ Where do you work? \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_ How long have you worked at your job? \_\_\_\_\_

If you do not have a job, how long has it been since you last worked? \_\_\_\_\_

6) Does your spouse have a job? \_\_\_\_\_ Where? \_\_\_\_\_

**7) MONTHLY INCOME**

**8) ASSETS**

**9) MONTHLY EXPENSES**

Your total work income \$ \_\_\_\_\_

Cash on hand \$ \_\_\_\_\_

Housing \$ \_\_\_\_\_

Spouse total work income \$ \_\_\_\_\_

Real Estate (equity) \$ \_\_\_\_\_

Credit Cards \$ \_\_\_\_\_

Alimony received \$ \_\_\_\_\_

Bank Accounts \$ \_\_\_\_\_

Car payment \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other Assets \$ \_\_\_\_\_

Child Support paid \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Car(s) total value \$ \_\_\_\_\_

Alimony paid \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

\* Real Estate address: \_\_\_\_\_

Child care \$ \_\_\_\_\_

Car(s) how many? \_\_\_\_\_

Year/Make/Model(s) \_\_\_\_\_

Bank loans \$ \_\_\_\_\_

Amount still owed on car(s) \_\_\_\_\_

Personal loans \$ \_\_\_\_\_

10) Are you a current student? \_\_\_\_\_ Where? \_\_\_\_\_ If so who pays your tuition? \_\_\_\_\_

11) Are you less than 18 years old? \_\_\_\_\_ If you are less than 18, complete the rest of #12 and parent fill out # 7, 8 and 9

Father's name \_\_\_\_\_ His income \_\_\_\_\_

Mother's name \_\_\_\_\_ Her income \_\_\_\_\_

With whom do you live? \_\_\_\_\_ What is your relationship to this person? \_\_\_\_\_

12) Have you ever been represented by a lawyer? \_\_\_\_\_ Who and When? \_\_\_\_\_

2015 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA Persons in family/household Poverty guideline.  
1: \$11,770, 2: \$15,930, 3: \$ 20,090, 4 \$ 24,250, 5: \$28,410, 6: \$32,570, 7: \$ 36,730, 8: \$40,890. For families/households with more than 8 persons, add \$4,160 for each additional person.

Be advised: Providing false information on this application may subject you to criminal prosecution. The Public Defender may contact government agencies, credit bureaus, employers, banks, financial institutions to verify your financial situation. You must sign and date this form and return to the Court to complete your request for a public defender.

APPLICANT SIGNS HERE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ appears before me and swears that he/she signed this application as his/her free act and deed and that the information on this application is true.

Date: \_\_\_\_\_ Witness/Court Clerk Signature: \_\_\_\_\_

SO Ordered: \_\_\_\_\_

Ellisville Municipal Division Judge