

Application for Public Defender Services - Juvenile

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.

I, _____ apply for a public defender to represent me. the juvenile in this case.

Name of Applicant		Name of Juvenile		Court	Circuit/County	Docket Number
Financial Statement of: (name)	Relationship to Juvenile	Date of Birth	Social Security Number		Telephone Number (Day)	
Mailing Address			City, State, Zip Code		Telephone Number (Evening)	

Name(s) of Family Household Members	Relationship	Total Number in Household	IMPORTANT	Yes	No
			Do you cohabit *** with anyone?		
			Do you receive Welfare Aid**?		
			Are you now on Probation or Parole?		
			Relationship of Applicant to Cohabitant?		

Income				Assets			Monthly Expenses						
	Previous 30 Days		Previous 12 Months		Location of Real Estate Owned:			Phone					
	Applicant	Cohabitant	Applicant	Cohabitant									
Gross Income from Wages					Fair Market Value - Outstanding Mortgage(s) = Net Worth			Rent					
Business Income less Expenses					\$			Utilities/Fuel					
Unemployment Comp.					Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats			Food					
Child Support					Year Make/Model	Amount Owed	Net Worth	Clothing					
Public Assistance*					\$	\$	\$	Medical					
Other Income**					\$	\$	\$	Child Support					
Total					Cash on Hand			Insurance: Home					
TOTAL ANNUAL INCOME (A+B)				\$				Checking Account(s): Bank Name & Acct. #			Health		
								\$			Life		
* Public Assistance could include: TANF/Reach Up, SSI and General Assistance ** "Other" could include Disability Insurance and Social Security *** "Cohabitant": adult family members living with applicant				Savings Account(s): Bank Name & Acct. #				\$			Loan Payments: Motor Vehicles		
								\$			Home Mortgage		
Applicant's Employer: Name & Address				Cohabitant's Name				Other:			Property Taxes		
								\$			Other Expenses		
Cohabitant's Employer: Name and Address								Other:			Other:		
								\$			Other:		
								TOTAL ASSETS			TOTAL EXPENSES		
								\$			\$		

<p>Request for Assignment of a Lawyer</p> <p>I request the Court to assign a lawyer to represent <input type="checkbox"/> me <input type="checkbox"/> the juvenile in this case. I further ask that all necessary costs and expenses for legal services, as allowed by the Court, be paid by the State of Vermont. I make the above answers UNDER PENALTY OF PERJURY.</p>	<p>Notice to Applicant</p> <p>You will be ordered to pay a minimum of \$25.00 toward the state's cost of providing the public defender even if you are receiving public 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.</p>
Signature of Applicant _____ Date _____	The above individual personally appeared before me and made oath to the truth of the above matters. Notary Public _____ Date _____

FINDINGS AND ORDER

<p><input type="checkbox"/> 1. The Applicant is Not a Financially Needy Person in that the applicant does 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 private counsel.</p> <p><input type="checkbox"/> 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:</p> <p><input type="checkbox"/> a. Applicant has no ability to pay.</p> <p><input type="checkbox"/> b. The applicant is ordered to pay a total of \$ _____ for the services of counsel assigned by the court.</p> <p><input type="checkbox"/> c. The applicant is ordered to pay \$ _____ as a down payment ("co-payment"). The applicant is ordered to pay the balance of the total payment ("reimbursement") to the Clerk of the Court within 60 days of the date of this Order. Any amount due 60 days from now will be sent to the VT Tax Department for tax offset and collection.</p>	<p><input type="checkbox"/> 3. The Court has reviewed the State's Attorney's Petition and all accompanying affidavits and deems the interests of justice require representation of</p> <p><input type="checkbox"/> the applicant <input type="checkbox"/> the juvenile pursuant to 13 V.S.A. 5232(3).</p> <p><input type="checkbox"/> 4. The Court has reviewed the State's Attorney's Petition and all accompanying affidavits and deems the interests of justice do not require representation of the applicant or the juvenile, pursuant to 13 V.S.A 5232 (3).</p>
<p><input type="checkbox"/> In that the applicant is financially needy and in that justice requires representation, an attorney is assigned to represent</p> <p><input type="checkbox"/> the applicant <input type="checkbox"/> the juvenile</p> <p>COUNSEL ASSIGNED *</p> <p><input type="checkbox"/> COUNSEL DENIED *</p> <p><small>* Counsel may be revoked if co-payment or proof of income is not provided.</small></p>	<p>Court Clerk/Judicial Officer _____ Date _____</p> <p>Judge _____ Date _____</p>

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