

## APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal

<b>State of Vermont</b> Vermont Superior Court		Division <b>CRIMINAL</b>	Unit	Type of Case	Case Number
<b>Name</b>	First	Last		<b>Name and Age of Dependents</b>	
				<i>Name</i>	<i>Age</i>
Mailing Address				<i>Name</i>	<i>Age</i>
Town/City		State	Zip		
Telephone Number					
Date of Birth		Social Security Number		Total Number of Dependents (including yourself)	
<b>EMPLOYMENT</b>					
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, fill in employer's name(s) and address(es) Hourly rate of pay \$ _____ Hours worked per week _____			Employer(s) Name(s) and Address(es):		Are you currently on Probation or Parole? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>INCOME</b>			<b>EXPENSES</b>		
Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance) Any family members living with you receive assistance?			If <b>all</b> adults living with you receive public assistance, it is <b>not</b> necessary to fill out the Expenses section below. Otherwise, enter your <b>monthly</b> household expenses.		
<b>Current Monthly Income</b>					
	You	Other Family Household Members Living with You			
Gross Income from Wages	\$ _____	\$ _____	Rent or Mortgage Payment		
Self-Employment/Business Income (other than wages)	\$ _____	\$ _____	Electric Service		
Unemployment Compensation	\$ _____	\$ _____	Phone		
Child Support	\$ _____	\$ _____	Fuel (heat and/or gas)		
Public Assistance	\$ _____	\$ _____	Food		
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Clothing		
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	Medical		
<b>Total Monthly Income</b> (Your income plus family household members)	\$ _____		Child Support		
<b>Total Income in the past 12 months</b>	\$ _____		Auto Loan Payments		
Is your income in the last 30 days significantly different from your monthly income during the previous year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Property Taxes		
If YES, please explain the circumstances on the next page.			Insurance (include Health, Auto, etc.)		
			<b>Total Expenses</b>		
			\$ _____		
<b>Cash Assets</b>			<b>Other Assets</b>		
			Real Estate (Location)	Auto (Make, Model, Year)	
Cash On Hand	\$ _____				
Checking Account	\$ _____	Fair Market Value	\$ _____	\$ _____	
Savings Account	\$ _____	Outstanding Mortgage/Loan	\$ _____	\$ _____	
<b>Total Cash Assets</b>	<b>\$ _____</b>	<b>Net Value</b>	<b>\$ _____</b>	<b>\$ _____</b>	
<b>NOTICE: You may be ordered to pay a minimum fee towards the cost of your legal services even if you are receiving public assistance. You may ask the Court to reduce the amount you are ordered to pay.</b>					
<b>Additional Assets:</b>					
I have additional assets: Yes <input type="checkbox"/> No <input type="checkbox"/>				If Yes, describe them below	
<b>Vehicles</b>	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	

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Real Property	Description	Fair Market Value (FMV)	Mortgage	Net Value
		\$	\$	\$
		\$	\$	\$
Other Assets (tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	Fair Market Value (FMV)	Use additional sheets as necessary.	
		\$		
		\$		
Other Employed Family Household Members				
Name of Family Member	Name of Employer	Employer's Address		
<b>Change in Monthly Income:</b> If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.				
My income last year (past 12 months) was:			\$	
The income from other family household members last year was:			\$	
<b>The reason for the change is:</b> (This section must be filled out if you have a change in income)				
I request the Court assign a lawyer to represent me in the case because of my low income. I further ask that all necessary costs and expenses for legal service, as allowed by the court, be paid by the State of Vermont. I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.				
Date	Applicant Signature	Applicant Printed Name		
Determination of Financial Eligibility				
<input type="checkbox"/> Applicant is not a financially needy person in that applicant has sufficient income to retain private counsel and/or has sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.				
<input type="checkbox"/> Applicant is a financially needy person in that applicant does not have sufficient income to retain private counsel and does not have sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.				
<input type="checkbox"/> Minimum Payment: Applicant's household income is <b>under</b> 125% of poverty. Applicant is ORDERED to pay the minimum payment of \$50 within 60 days unless this fee is waived by the Court.				
<input type="checkbox"/> Immediate Copayment: Applicant's annual household income is <b>above</b> 125% of poverty and applicant has income and assets available to support an immediate copayment to cover a part of the cost of services. Applicant shall pay \$_____ to the Clerk of the Court.				
<input type="checkbox"/> Reimbursement Order: Applicant's annual household income is <b>above</b> 125% of poverty and applicant has income and assets available to reimburse the state for the cost of services. Applicant shall pay \$_____ to the Clerk of the Court within 60 days of the date of this Order.				
<b>NOTICE: If Public Defender Assessment and reimbursement is not fully paid within 60 days, any amount still due will be sent to the Tax Department for offset and collection agency after 75 days.</b>				
Signature of Clerk or Designee			Date	
Findings and Order				
The Court has reviewed the Information and Affidavit and finds that:				
<input type="checkbox"/> The Applicant has been charged with a serious offense.				
<input type="checkbox"/> The Applicant has <b>not</b> been charged with a serious offense in that:				
<input type="checkbox"/> The maximum penalty for the offense for which the Applicant is charged does not include the possibility of a jail sentence or a fine in excess of \$1,000.00.				
<input type="checkbox"/> The Court has determined at arraignment and stated on the record, that if the Applicant is convicted, the Court will not sentence the Applicant to a period of imprisonment or fine the Applicant more than \$1,000.00.				
<input type="checkbox"/> Court waives fee.				
<b>It is hereby ordered:</b>				
<input type="checkbox"/> <b>Counsel assigned</b> in that Applicant is financially needy and is charged with a serious offense.				
<input type="checkbox"/> <b>Counsel denied.</b>				
Signature of Judge			Date	
<b>Notice of Right to Appeal:</b> You have the right to <b>appeal</b> this Order to the Judge of this Court. Your appeal must be in writing with the Clerk of this Court within 7 days of the date of this Order. You may appeal a Judge's decision to the Supreme Court.				