

# APPLICATION FOR PUBLIC DEFENDER SERVICES - Juvenile

<b>State of Vermont</b> Vermont Superior Court		Division <b>FAMILY</b>	Unit	Type of Case	Docket Number
<b>Name</b>	First	Last		Name of Juvenile	
				<b>Other Family Members Living with You</b> (adults, child(ren))	
Mailing Address					
Town/City		State	Zip		
Telephone Number					
Date of Birth		Social Security Number		Total Number of Family Members in Household (including yourself)	

## EMPLOYMENT

Are you employed? <b>Yes</b> <input type="checkbox"/> <b>No</b> <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):  
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INCOME			EXPENSES	
	<b>Yes</b>	<b>No</b>	<b>If all adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below.</b> Otherwise, enter your <b>monthly</b> household expenses.	
Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>		
Any family members living with you receive assistance?	<input type="checkbox"/>	<input type="checkbox"/>		
<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 \$ _____	
Total Income	\$ _____	\$ _____	Medical \$ _____	
			Child Support \$ _____	
<b>Total Monthly Income</b> (Your income plus family household members)	\$ _____		Auto Loan Payments \$ _____	
<b>Total Income in the past 12 months</b>	\$ _____		Property Taxes \$ _____	
Is your income in the last 30 days significantly different from your monthly income during the previous year?	<input type="checkbox"/>	<input type="checkbox"/>	Insurance (include Health, Auto, etc.) \$ _____	
If YES, please explain the circumstances on the next page.			Other Expenses \$ _____	
			<b>Total Expenses</b>	\$ _____

Cash Assets		Other Assets	
		Real Estate (Location)	Auto (Make, Model, Year)
Cash On Hand	\$ _____		
Checking Account	\$ _____	Fair Market Value	\$ _____
Savings Account	\$ _____	Outstanding Mortgage/Loan	\$ _____
Total Cash Assets	\$ _____	<b>Net Value</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.

Additional Assets:				
I have additional assets: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			If Yes, describe them below	
Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

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<b>Real Property</b>	Description	Fair Market Value (FMV)	Mortgage	Net Value
		\$	\$	\$
		\$	\$	\$
<b>Other Assets</b> (tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	Fair Market Value (FMV)	Use additional sheets as necessary.	
		\$		
		\$		
<b>Other Employed Family Household Members</b>				
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 the juvenile in this 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 make the above answers UNDER PENALTY OF PERJURY.				
<b>Signed and sworn before me:</b>				
Notary Public	Date	Applicant Signature	Date	
<b>Determination of Financial Eligibility</b>				
<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.</b>				
Signature of Clerk or Designee		Date		
<b>Findings and Order</b>				
The Court has reviewed the Petition and Affidavit and finds that: <ul style="list-style-type: none"> <li><input type="checkbox"/> The interests of justice require representation of the Juvenile.</li> <li><input type="checkbox"/> The interests of justice require representation of the Applicant.</li> <li><input type="checkbox"/> The interests of justice do NOT require representation of the Applicant.</li> </ul>				
<b>It is hereby ORDERED:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Counsel ASSIGNED to Juvenile.</li> <li><input type="checkbox"/> Counsel ASSIGNED to Applicant in that applicant is financially needy and the interests of justice so require.</li> <li><input type="checkbox"/> Counsel DENIED to Applicant.</li> </ul>				
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.				