**APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal**

**State of Vermont**

Division Unit Type of Case Docket Number Vermont Superior Court

CRIMINAL

**Name**

First Last

Others Living with You (include adults and children)

Street Address

Town/City State Zip

**Telephone Number**

**Date of Birth Social Security Number**

Total Number in Household (including Yourself) «house»

EMPLOYMENT

Are you employed?

**Yes No**

If Yes, fill in employer’s name(s) and address(es)

Form 358CR PD Criminal Application (05/2016) Page 1 of 2

Employer(s) Name(s) and Address(es) :

**INCOME EXPENSES**

**Do you receive Public Assistance (Yes No)? «assistance»**

**If all adults living with you receive public assistance It is not necessary to fill out the Expenses section below. (including TANF/Reach UP; SSI, General Assistance) Do Any Family Members Living With You**

Otherwise, enter your monthly household expenses Receive Public Assistance

**Current Monthly Income Rent or Mortgage Pmt.**

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You

Other Household Members Living With You

Electric Service

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Income from Wages

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Phone

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self Employment/Business (other than wages) Income

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Fuel (heat and/or gas)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Food

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Clothing

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Assistance

$\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Medical

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Income

(Including Disability Insurance and Social Security) $\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

Child Support

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Income $ $ Auto Loan Payments

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Monthly Income (Your income plus Household members)

$

Property Taxes

**$«income»Total Income in the past 12 months**

$ Insurance(Incl. Health, Auto, etc)

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your income in the last 30 days significantly different from your monthly income during the previous year**

**Yes No**

Other Expenses

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If YES, please explain the circumstances on the next page.

**Total Expenses $**

**Cash Assets Other Assets**

Real Estate (Location) Auto (Make , Model, Yr) Cash On Hand $\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Checking Account $\_\_\_\_\_\_\_\_\_\_**

Fair Market Value

$\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Savings Account $\_\_\_\_\_\_\_\_\_\_

Outstanding Mortgage/Loan

**$\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Cash Assets $\_\_\_\_\_\_\_\_\_\_ Net Value $\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: Yes No If Yes, describe them below Vehicles Make, Model, Year Fair Market**

Value (FMV)

Amount Owed Net value

$ $ $ $ $ $ $ $ $ $ $ $ Real Property Description FMV Mortgage Net Value

**$ $ $ $ $ $ Other Assets**

e.g. tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.

Description FMV Use additional sheets as

$

necessary.

$

APPLICATION Other Employed Household Members

**FOR PUBLIC DEFENDER SERVICES - Criminal**

Name of Household Member Name of Employer Employer’s Address

**Change in Monthly Income:**

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 household members last year was: $ The reason for the change is: (This section must be filled out if you have a change in income.)

I request the Court assign a lawyer to represent in this case because of my low income. 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. Signed and sworn before me: Notary Public Date Applicant Signature Date

**DETERMINATION OF FINANCIAL ELIGIBILITY**

□ 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.

□ 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.

□

Minimum Payment: Applicant’s household income is under 125% of poverty. Applicant is ORDERED to pay the minimum payment of $50 within 60 days unless this fee is waived by the Court.

□

Immediate Copayment: Applicant’s annual household income is above 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.

□

Reimbursement Order: Applicant’s annual household income is above 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. NOTICE: If reimbursement is not fully paid within 60 days, any amount still due will be sent to the**

**Tax Department for offset and collection.**

**Signature of Clerk or Designee Date**

**FINDINGS AND ORDER**

The court has reviewed the Information and Affidavit, and finds that:

□ The Applicant has been charged with a serious offense.

□ The Applicant has not been charged with a serious offense in that:

□ 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.

□ 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. It is hereby ORDERED:

□ COUNSEL ASSIGNED in that Applicant is financially needy and is charged with a serious

offense.

**□ COUNSEL DENIED.**

**Signature of Judge**

**Date**

NOTICE Court. date of Your this OF order.

RIGHT appeal TO must APPEAL: be filed You in writing have with the right the clerk to appeal of this this Court order within to the 7 days Judge of of the

this

Form 358CR PD Criminal Application (05/2016) Page 2 of 2