## **APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal**

State of Vermont Vermont Superior Court		Division		Unit			Type of Case		Docket Number		
Name	First	CHIVIIINAL	Last				Other Family Membe	ers Living with	You (ad	ults, child(ren))	
Mailing Address							+				
Town/City			Sta	te	Zip		<del> </del>				
Telephone Number			Jld		-ih		<del> </del>				
Date of Birth Social Security Number							Total Number of Fam	ily Members in	1 Housel	hold (including	
						yourself)	,	- 330	,		
EMPLOYMENT  Are you employed? Yes □ No □ Employer(s) Name(s) and Address(es): Are you currently on											
Are you employed? Yes No I  If Yes, fill in employer's name(s) and address(es)  Hourly rate of pay \$  Hours worked per week				Limpioyer(s) Name(s) and Ad			uuress(es):			Are you currently on Probation or Parole?  Yes □ No □	
		INCOM	1E					EXPEN			
<b>Do you receive P</b> General Assistance) Any family memb		; SSI,		No	If <u>all</u> adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below.  Otherwise, enter your monthly household expenses.						
Curre				ent Monthly Income			Rent or Mortgage Payment \$_				
							Electric Service		\$	\$	
You				Other Family Household Members Living with You			Phone		\$	\$	
Gross Income from	Wages	4		_			Fuel (heat and/or gas)		\$		
Self-Employment/Business Income (other than wages) \$						<del></del>	Food \$		\$		
				_ \$			Clothing			\$	
Unemployment Compensation \$			_ \$					٠ <u></u>			
Child Support	Child Support \$			_ \$_			Medical  Child Support		\$	\$	
Public Assistance	\$			_ \$			Child Support		\$		
Other Income (Including Disability Insurance and Social Security)			\$			Auto Loan Payments		\$			
Total Income		\$		\$			Property Taxes		\$		
Total Monthly Income (Your income plus family household members)							Insurance (include Health, Auto, etc.) \$				
Total Income in the past 12 months \$						İ	Other Expenses		\$		
Is your income in the your monthly incor				from	Yes	No □					
If YES, please explai				<b>?</b> .	_	_	Total Exper	nses	\$		
	Cash As	sets					<u>-</u>	ther Assets	-		
	-						Real Estate (Location	on)	Auto (M	lake, Model, Year)	
Cash On Hand											
Checking Accoun	t	\$ Fair Market Valu					s\$		\$		
Savings Account \$						Outstanding ∕Iortgage/Loan	<u> </u>		\$		
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: Ye	s 🗆 No 🗆						If Yes, descri			
Vehicles			Make, Model, Year		ear 	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,	Description	Fair Market Value (FMV)	Use additional sheets as necessary.							
bonds, etc.)		\$	]							
		\$								
Other Employed Family Househol	d Mamhars	<u> </u>								
			Francis von/o Adduso	_						
Name of Family Member	Name of Employer	Employer's Address								
Change in Monthly Income: If your cu	rrent monthly income is significantly o	lifferent from last year's in	come, please describe	your current monthly						
income and the reasons why it change	ed.									
My income last year (past 12 months)	was:	\$								
The income from other family househo			\$							
•	•	hange in income)								
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 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 make the above answers UNDER PENALTY OF PERJURY.										
	be paid by the State of Vermont. I ma	ke the above answers UNL	JER PENALTY OF PERJO	KY.						
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.										
<ul> <li>□ Applicant is a financially needy person in that applicant does not have sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.</li> <li>□ 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.</li> <li>□ 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.         <ul> <li>□ Applicant shall pay \$</li></ul></li></ul>										
Department for offset and collection agency.										
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 Application has <b>not</b> 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.  ☐ Court waives fee.										
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								
<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.										