

APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal

State of Vermont Vermont Superior Court		Division CRIMINAL	Unit	Type of Case	Docket Number
Name	First	Last		Other Family Members Living with You (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? 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"/>

INCOME	EXPENSES																																																																				
<table style="width: 100%;"> <tr> <td style="width: 60%;"> Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance) Any family members living with you receive assistance? </td> <td style="width: 20%; text-align: center;"> Yes <input type="checkbox"/> </td> <td style="width: 20%; text-align: center;"> No <input type="checkbox"/> </td> </tr> <tr> <td colspan="3" style="text-align: center;">Current Monthly Income</td> </tr> <tr> <td style="text-align: center;">You</td> <td colspan="2" style="text-align: center;">Other Family Household Members Living with You</td> </tr> <tr> <td>Gross Income from Wages</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Self-Employment/Business Income (other than wages)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Unemployment Compensation</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Public Assistance</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Income (Including Disability Insurance and Social Security)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Income</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Monthly Income (Your income plus family household members)</td> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Income in the past 12 months</td> <td colspan="2" style="text-align: right;">\$ _____</td> </tr> <tr> <td>Is your income in the last 30 days significantly different from your monthly income during the previous year?</td> <td style="text-align: center;"> Yes <input type="checkbox"/> </td> <td style="text-align: center;"> No <input type="checkbox"/> </td> </tr> <tr> <td colspan="3">If YES, please explain the circumstances on the next page.</td> </tr> </table>	Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance) Any family members living with you receive assistance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Current Monthly Income			You	Other Family Household Members Living with You		Gross Income from Wages	\$ _____	\$ _____	Self-Employment/Business Income (other than wages)	\$ _____	\$ _____	Unemployment Compensation	\$ _____	\$ _____	Child Support	\$ _____	\$ _____	Public Assistance	\$ _____	\$ _____	Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Total Income	\$ _____	\$ _____	Total Monthly Income (Your income plus family household members)	\$ _____		Total Income in the past 12 months	\$ _____		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"/>	If YES, please explain the circumstances on the next page.			<p>If all adults living with you receive public assistance, it is not necessary to fill out the Expenses section below. Otherwise, enter your monthly household expenses.</p> <table style="width: 100%;"> <tr> <td>Rent or Mortgage Payment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Electric Service</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Phone</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Fuel (heat and/or gas)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Food</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Clothing</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Medical</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Auto Loan Payments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Property Taxes</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Insurance (include Health, Auto, etc.)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Rent or Mortgage Payment	\$ _____	Electric Service	\$ _____	Phone	\$ _____	Fuel (heat and/or gas)	\$ _____	Food	\$ _____	Clothing	\$ _____	Medical	\$ _____	Child Support	\$ _____	Auto Loan Payments	\$ _____	Property Taxes	\$ _____	Insurance (include Health, Auto, etc.)	\$ _____	Other Expenses	\$ _____	Total Expenses	\$ _____
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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 <input type="checkbox"/> No <input type="checkbox"/>			If Yes, describe them below	
Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

