

APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Case number: _____ Court Room: _____ District: _____

Most serious charge: _____ Next hearing date/Type: _____

All sections must be completed. Print neatly. If an item does not apply, write N/A.

Applicant	Applicant's Employer
Name _____	Company _____
Mailing Address _____	Mailing Address _____
Street Address (if different) _____	Street Address (if different) _____
City, State, Zip _____	City, State, Zip _____
Phone number _____	Phone Number _____ Position _____
Soc. Sec. No. _____ Birthdate _____	Length of Employment _____ Hours/Week _____
Driver's License No. _____ State _____	Pay Dates: _____ Pay Rate: \$ _____

Other Household Members (Spouse, Partner, Parent, etc.)	Other Household Member's Employer
Name _____	Company _____
Relation to Applicant _____	Mailing Address _____
Mailing Address _____	Street Address (if different) _____
Street Address (if different) _____	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone number _____	Length of Employment _____ Hours/Week _____
Soc. Sec. No. _____ Birthdate _____	Pay Dates: _____ Pay Rate: \$ _____
Driver's License No. _____ State _____	

Marital Status: Single Married Partner in a Civil Union Separated Divorced/Civil Union Dissolved Total Number of Dependents (including yourself):__

Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount
Self (wages, salary, commission)	\$	Rent/Mortgage	\$
Spouse/Partner/Other Household Members		Groceries	
Parents (if same household)		Utilities	
Unemployment Benefits		Clothing	
Social Security/Retirement Funds		Maintenance (Spousal/Partner Support) and/or Child Support	
Maintenance (Spousal/Partner Support)		Medical/Dental	
Other Income (see Page 2)		Other Expenses (identify source)	
Other Income (see Page 2)		Other Expenses (identify source)	
Total Household Income	\$	Total Expenses	\$

Assets	Amount	Description
Savings Account Balance	\$	Name of Bank:
Checking Account Balance		Name of Bank:
Value of Vehicles		Year and Model:
Value of Recreation Vehicles		Amount Owed: \$
Value of House		Type:
Value of Other Property		Type:
Value of Stocks, Bonds, Mutual Funds		Type:
Value of Other Investments		Year and Model:
Total Assets	\$	Convertible to Cash = \$

References:
 1. Name/Address/Phone _____
 2. Name/Address/Phone _____

Guidelines:
At or below or Above or
Automatically eligible for PD/GAL/RPC (In custody &/or bond allowed Out on bond) or
Refer to scoring instrument (Criminal, Misdemeanor, Traffic, Juvenile Delinquency cases)

Signature of investigator/clerk/PD: _____ Date: _____

I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.

Client signature _____ Date: _____

Signature of judicial officer: _____ Date: _____

Request: granted or denied

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General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

♦ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

♦ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 208.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months' pay stubs and/or proof of income must be included. **DO NOT provide originals.**