

APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal

State of Vermont Vermont Superior Court		Division CRIMINAL		Unit		Type of Case		Docket Number	
--	--	----------------------	--	------	--	--------------	--	---------------	--

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)			

EMPLOYMENT

Are you employed? Yes No <input type="checkbox"/> <input type="checkbox"/>		Employer(s) Name(s) and Address(es) :							
If Yes, fill in employer's name(s) and address(es)									

INCOME				EXPENSES																																																																						
<div>Do you receive Public Assistance? (including TANF/Reach UP; SSI, General Assistance)</div> <div>Do Any Family Members Living With You Receive Public Assistance</div> <table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table> <div><div>Current Monthly Income</div><table><tr><td></td><td>You</td><td>Other Household Members Living With You</td></tr><tr><td>Gross Income from Wages</td><td>\$</td><td>\$</td></tr><tr><td>Self Employment/Business Income (other than wages)</td><td>\$</td><td>\$</td></tr><tr><td>Unemployment Compensation</td><td>\$</td><td>\$</td></tr><tr><td>Child Support</td><td>\$</td><td>\$</td></tr><tr><td>Public Assistance</td><td>\$</td><td>\$</td></tr><tr><td>Other Income (Including Disability Insurance and Social Security)</td><td>\$</td><td>\$</td></tr><tr><td>Total Income</td><td>\$</td><td>\$</td></tr><tr><td>Total Monthly Income (Your income plus Household members)</td><td>\$</td><td></td></tr><tr><td>Total Income in the past 12 months</td><td>\$</td><td></td></tr><tr><td>Is your income in the last 30 days significantly different from your monthly income during the previous year</td><td>Yes</td><td>No</td></tr><tr><td colspan="3">If YES, please explain the circumstances on the next page.</td></tr></table></div> <div><div>If <b>all</b> adults living with you receive public assistance, it is <b><u>not</u></b> necessary to fill out the Expenses section below.</div><div>Otherwise, enter your <b>monthly</b> household expenses</div><table><tr><td>Rent or Mortgage Pmt.</td><td>\$</td></tr><tr><td>Electric Service</td><td>\$</td></tr><tr><td>Phone</td><td>\$</td></tr><tr><td>Fuel (heat and/or gas)</td><td>\$</td></tr><tr><td>Food</td><td>\$</td></tr><tr><td>Clothing</td><td>\$</td></tr><tr><td>Medical</td><td>\$</td></tr><tr><td>Child Support</td><td>\$</td></tr><tr><td>Auto Loan Payments</td><td>\$</td></tr><tr><td>Property Taxes</td><td>\$</td></tr><tr><td>Insurance(Incl. Health, Auto, etc)</td><td>\$</td></tr><tr><td>Other Expenses</td><td>\$</td></tr><tr><td>Total Expenses</td><td>\$</td></tr></table></div>					Yes	No								You	Other 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 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	No	If YES, please explain the circumstances on the next page.			Rent or Mortgage Pmt.	\$	Electric Service	\$	Phone	\$	Fuel (heat and/or gas)	\$	Food	\$	Clothing	\$	Medical	\$	Child Support	\$	Auto Loan Payments	\$	Property Taxes	\$	Insurance(Incl. Health, Auto, etc)	\$	Other Expenses	\$	Total Expenses	\$
	Yes	No																																																																								
	You	Other 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 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	No																																																																								
If YES, please explain the circumstances on the next page.																																																																										
Rent or Mortgage Pmt.	\$																																																																									
Electric Service	\$																																																																									
Phone	\$																																																																									
Fuel (heat and/or gas)	\$																																																																									
Food	\$																																																																									
Clothing	\$																																																																									
Medical	\$																																																																									
Child Support	\$																																																																									
Auto Loan Payments	\$																																																																									
Property Taxes	\$																																																																									
Insurance(Incl. Health, Auto, etc)	\$																																																																									
Other Expenses	\$																																																																									
Total Expenses	\$																																																																									

Cash Assets				Other Assets			
				Real Estate (Location)		Auto (Make , Model, Yr)	
Cash On Hand	\$						
Checking Account	\$			\$		\$	
Savings Account	\$			\$		\$	
Total Cash Assets	\$	Net Value		\$		\$	

NOTICE: You will be ordered to pay a minimum fee of \$50.00 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.	
			\$		
			\$		

Other Employed Household Members

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.

**Assignment of counsel to applicant is contingent on payment.**

☐ 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:

	<input type="checkbox"/> The Applicant has been charged with a serious offense.	
	<input type="checkbox"/> The Applicant has <b>not</b> been charged with a serious offense in that:	
		<input type="checkbox"/> 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.
		<input type="checkbox"/> 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:

<input type="checkbox"/> <b>COUNSEL ASSIGNED</b> in that Applicant is financially needy and is charged with a serious offense.		
<input type="checkbox"/> <b>COUNSEL DENIED.</b>		
	Signature of Judge	Date

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