

IN THE DISTRICT COURT OF THE SEVENTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF JEFFERSON

STATE OF IDAHO
Plaintiff,

v.

Defendant.

Case No.

Application for Attorney at Public Expense

I want to be represented by an attorney in this case and I cannot afford to hire one. I understand that it is important for me to be truthful in answering questions and providing information in this form, and that if I am not I may be subject to penalties for perjury.

I understand that the information in this form cannot be used against me in any criminal case, except:

- To dispute the truth of my testimony if I choose to testify in court.
- In a prosecution for perjury or contempt if I provide information in this form that I know is false.

Name and Contact Information	
Name:	Home phone number:
Current address:	
Mailing address if different:	
Email address:	
Cell phone number:	Year of birth:
Employment	
Are you employed? (Circle One) Yes No Self-employed	
If Yes, name and address of employer:	
How much do you earn per month? \$	
If No, give month and year of last employment:	
How much did you earn per month?	
Are you married? (Circle One) Yes No If yes, spouse's name:	
Is your spouse employed: (Circle One) Yes No Self-employed	
If Yes, name and address of employer:	
If Yes, how much does your spouse earn per month?	
Current Status	
Are you currently serving a sentence of incarceration for a crime for which you have been	

found guilty? (Circle One) Yes No			
If yes, in what jail, penitentiary or correctional facility are you being held?			
Are you currently housed in a mental health facility? (Circle One) Yes No			
If yes, what is the name of the mental health facility in which you are housed?			
Public Assistance and Other Payments			
Do you or any of your dependents receive public assistance, including Social Security Supplemental Income (SSI), Social Security Disability (SSD), Medicaid, AFDC, food stamps, or child care assistance? (Circle One) Yes No			
If Yes, list persons who receive the assistance, how they are related to you, the type of assistance or payment, and the monthly amount received.			
Dependents	Relationship	Type of Assistance	Monthly Amount
Other Income			
Within the past 12 months, have you received any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? (Circle One) Yes No			
If Yes, give the amount received and identify the sources.			
Source		Amount for the Past 12 Months	
Cash			
Do you have any cash on hand or money in savings or checking accounts? (Circle One) Yes No			
If Yes, what is the total amount?			
Property			
Do you own any homes or land? (Circle One) Yes No			
County	State	Value minus amount you owe	
Do you own any stocks, bonds, notes, coins, firearms, or precious metals? (Circle One) Yes No			

If yes, list the total value:	
Are you the beneficiary of any estates or trusts? (Circle One) Yes No	
If yes, list the total value:	
Do you own any vehicles or other items of property, including recreational vehicles, with a value in excess of \$1,000, excluding ordinary household furnishings and clothing? (Circle One) Yes No	
If yes to any of the above three questions, list the property and its value.	
Property	Value
Do you receive child support payments for any of the dependents you have listed? (Circle One) Yes No	
Child's Initials	Monthly Amount
Debts	
Nature of Debt	Monthly Amount Paid

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

_____ Dated

_____ Signature of Defendant

_____ Typed/Printed Name

NOTICE: If an attorney is appointed to represent you at public expense, and if you plead guilty or are found guilty of any crime, you may be required by the court to reimburse the county for all or a portion of the cost of the legal services you have received.