

Application for Counsel

Confidentiality Notice: *this information is confidential and cannot be disclosed unless (1) you give us permission, (2) the court orders it, or (3) it is request by the Michigan Indigent Defense Commission for the purposes of auditing, data collection, or investigation.*

Appeal of Determination: *if we determine that you are not eligible for services, or only partially eligible, you may appeal that decision to the Judge of Record on your case. If you appeal our decision, your consent to release of this information is presumed.*

Applicant Information

Name: _____ Date of Birth: _____
Full Name (First, Middle, and Last)

Current Address: _____
Number and Street, Apt./Unit/Lot City State Zip
****You must keep the court and your attorney updated with any change of address or phone number****

Phone Number: _____ Cell Landline Other: _____
I consent do not consent to receiving communications from the Jackson County Public Defender's Office by Text, and receiving text reminders of court dates and appointments.

Email Address: _____ I am a: U.S. Citizen Resident Legal Alien Other

Marital Status: Single Married Divorced Separated Widowed Number of Children <18: _____

I am currently incarcerated in MDOC, Jackson County Jail, or Other: _____
Expected Release Date: _____ Unknown

I am currently in a Residential Treatment Facility. Expected Out Date: _____ Unknown

I wish to disclose that the following apply to me (*check all that apply that you wish to disclose*):
 Veteran; Physical Disability; Mental Disability; Difficulty Reading or Writing; Transportation Concerns;
 Housing Concerns; Criminal Cases Pending in Other Counties or States

Financial Information **Check all boxes that apply*

I am currently receiving government assistance, specifically:
 Medicaid, Food Stamps, Disability, WIC, Other: _____

I am currently Employed ***If so, please answer the following:*
Employer: _____
Employment Length: _____ Years _____ Months
 Full-time or Part-time? _____ hrs/week. Average Paycheck: \$ _____ Gross (before taxes) Net
 Weekly Bi-Weekly Monthly

This charge: will affect my job; will not affect my job; I do not know if it will affect my job.

List Any Other Income Source, the amount, and the how often it is received: (*List net self-employment income here*)

Child Support obligation \$ _____ per month and am current in arrears in the amount of \$ _____ unknown
 Cash, Checking, Savings, and Similar: \$ _____
 Stocks, Bonds, and Other Investments \$ _____

Household Information

There are currently _____ adults and _____ children in the home. _____ Adults, other than myself, have their own income or are not dependent on my income.

Please list all re-occurring monthly expenses you are responsible for:

Monthly Expenses			
Rent/Mortgage		Auto	
Insurance		Payments	
Utilities		Insurance	
Electric/Gas		Health	
Cable/Internet		Insurance	
Phone/Cell		Medical Bills	
Water/Sewer		Living Expenses	
Trash		Gas/Petrol	
Debts		Food	
Credit Cards		Child Care	
Student Loans		Misc./Other	
Other Loans			
Total:			

List Additional Re-occurring Expenses Here:

Other Considerations

If you have any other circumstances that you believe should be considered that limit your ability to retain an attorney, please explain them here:

Affidavit of Indigent Requesting Appointment of Attorney

I am a defendant who has been charged with an offense in Jackson County. I have been advised that I may request counsel be provided at public expense. I am unable to afford to retain counsel of my own choosing and am requesting the assistance of the Public Defender's Office.

I hereby certify that the above is a full and complete disclosure of my financial situation and I understand that all information provided is confidential and may only be disclosed by court order, by my consent, or to the Michigan Indigent Defense Commission. I understand that it may be disclosed if I appeal the determination to the Judge of Record.

Dated: _____

_____ Applicant

Office Use Only

Initial Review by: _____

I have assisted and/or reviewed the application with the above named applicant and they are:

- Presumptively Indigent
- Not Presumptively Indigent, Needs Further Review
- Not Presumptively Indigent, Declines Further Review

Primary Case No.: _____ Primary Case Judge: _____