

CITY OF OREGON CITY MUNICIPAL COURT
Affidavit of Indigence and Request for Court-Appointed Counsel (Confidential)
Case No. _____ Charge(s): _____

Case Name:

I, the undersigned, being duly sworn, say that I am before the court in this case. I am asking for appointment of an attorney to represent me in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependent family. The following information is true, and I ask the court to use the information to decide whether I can have an appointed attorney and payment of other costs public expense. I understand that I can be required to document or verify this information. I understand failure to do so could result in my request being denied or, if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth I can be charged with a crime, and if convicted, I can be incarcerated.

PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU –
***** IF SOMETHING DOES NOT APPLY, WRITE “NA” *****

1. PERSONAL

Full Name of Applicant _____
First Name _____ Middle Name _____ Last Name _____
Residence Address _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address (if different) _____
Street Address _____ City _____ State _____ Zip _____
Phone No. (_____) _____ Birthdate _____ Social Security No. _____
Sex: Female Male Marital Status: Married Single Separated Divorced Other: _____

List the following information for everyone living in your household:

Name _____	Relationship _____	Age _____	Monthly Income \$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. EMPLOYMENT AND INCOME

Present Employer _____ How long _____ Occupation _____
Address _____ Phone No. (_____) _____
Hourly Wage \$ _____ Average Hrs. per Week _____ Net (after tax) monthly income \$ _____
If unemployed, how long since last employment _____

Previous Employer _____ How Long _____ Occupation _____
Address _____ Net (after tax) monthly income \$ _____

Spouse's Employer _____ How Long _____ Occupation _____
Address _____ Phone No. (_____) _____
Hourly Wage \$ _____ Average Hrs. per Week _____ Net (after tax) monthly income \$ _____
If unemployed, how long since last employment _____

Other income for you and spouse, dependents or household members; for example: Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, etc.:

Source of income – describe _____	Amount \$ _____	How Long Received _____	How often Received _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other household members who help pay for your living expenses:

Name _____	Amount \$ _____	Payment for what? –describe _____
_____	_____	_____
_____	_____	_____

3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS

Cash Available \$_____	If in custody, amount in jail or trust account \$_____			
Savings Account No. _____	Balance \$_____	Bank/Branch Office _____		
Checking Account No. _____	Balance \$_____	Bank/Branch Office _____		
Other Account No. _____	Balance \$_____	Bank/Branch Office _____		
Real Estate: Address, City _____	Value \$_____	Amount Owed \$_____	Equity \$_____	Real Estate Payments To _____
	\$_____	\$_____	\$_____	_____
	\$_____	\$_____	\$_____	_____
Credit Cards: Card Name/Bank _____	_____	Account No. _____	_____	Expiration Date _____
Motor Vehicle: Make, Year _____	Value \$_____	Amount Owed \$_____	Equity \$_____	Vehicle Payments To _____
	\$_____	\$_____	\$_____	_____
	\$_____	\$_____	\$_____	_____

Are any of these motor vehicles used for work (other than driving to and from work)? Yes No

All other property or assets; for example: furniture, boats, guns, jewelry, tools, etc.:

Description _____	Value \$_____) Description _____	Value \$_____
	\$_____) _____	\$_____
	\$_____) _____	\$_____

Money owed to you or spouse by others; for example: tax refund, trust, settlement, judgment, etc.:

Name of Debtor _____	Amount Owed \$_____	Date Expected _____
	\$_____	_____
	\$_____	_____

4. MONTHLY EXPENSES

List all expenses that are paid monthly by you individually or by you jointly with spouse:

Rent/Mortgage \$_____	Utilities \$_____	Credit Card Payment(s) \$_____
Car Payment(s) \$_____	Insurance \$_____	Other: _____ \$_____
Medical Debts \$_____	Child Support \$_____	Court-ordered Payments \$_____

5. APPLICANT HISTORY

I have \$_____ security/bail posted on this or other pending cases.

Have you ever requested a court-appointed attorney before this application? Yes No

If "Yes", my request for a court-appointed attorney was: Approved Denied

In which county was your request? _____ Date _____ Charge(s) _____

If approved, who was your court-appointed attorney? _____

If I receive the services of a court-appointed attorney, I agree to reimburse the court for reasonable attorney fees and costs paid on my behalf, as ordered by the court. This agreement applies in criminal cases only if I am found guilty.

Reimbursement will be based on my ability to pay.

Signature _____

Applicant has completed this affidavit

Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____

Notary/Clerk/Judge _____

My commission expires: _____

Request for Court Appointed Counsel: Approved Denied by: _____