

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:

Table with 4 columns: Name, Relationship, Age, Monthly Income. Includes three rows for household members.

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.:

Table with 4 columns: Source of income - describe, Amount, How Long Received, How often Received. Includes three rows for income sources.

Other household members who help pay for your living expenses:

Table with 3 columns: Name, Amount, Payment for what? -describe. Includes two rows for household members.

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.

Date

Applicant has completed this affidavit

Signature

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: _____