

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BLAINE

State of Idaho
Plaintiff,
vs.

Case No. CR _____
Application for Attorney at Public Expense

Event Code: AAPE

Defendant (your name).

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:	
Cell phone number:	Date 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? Spouse's name: _____

Is your spouse employed: (Circle One) Yes No

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, or precious metals? (Circle One) Yes No

Property	Value

Do you own any vehicles or other items of property with a value in excess of \$1,000, excluding ordinary household furnishings and clothing? (Circle One) Yes No

If yes, 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

Name of Child	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.

(Date)

(Signature)

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.

- Granted. _____ appointed.
- Denied.

DATED: _____

JUDGE: _____