

APPLICATION FOR COURT APPOINTED ATTORNEY AND FINANCIAL AFFIDAVIT

<u>CAUSE/WARRANT #</u>	<u>OFFENSE (S):</u>	<u>COURT (S):</u>

What is the most money you could reasonably pay to get out of jail within 24 hours, including contributions from family and friends? _____.

Full name: _____ Birth date: _____ Sex: _____ Age: _____ SO#: _____
Street address: _____ Time at Address: _____ Own/Rent/Other: _____
Phone number: _____ Email address: _____ Marital Status: S / M / D / W
Interpreter: Yes No Language: _____

COURT APPOINTED COUNSEL

Number of people who depend on you financially: _____ Who do you live with? _____
Make, model, and year of automobile(s): _____
Are you currently employed? Yes No If yes, how much do you receive monthly? \$ _____
Do you receive unemployment? Yes No If yes, how much do you receive monthly? \$ _____
Do you receive public benefits? Yes No If yes, how much do you receive monthly? \$ _____
Does your (Live-in) spouse work? Yes No If yes, how much do they receive monthly? \$ _____
Do you have other sources of income? Yes No If yes, how much do you receive monthly? \$ _____
(Ex: Rental Property, Social Security, Pension) **Total monthly income (combine above totals):** \$ _____

FINANCIAL AFFIDAVIT

ASSETS/VALUE OF PROPERTY YOU OWN

Total amount of cash on hand: \$ _____
Total amount in checking/savings: \$ _____ **TOTAL VALUE:** \$ _____
Other property (stocks, land, jewelry): \$ _____ (COMBINE ALL TOTALS TO THE LEFT)

OTHER RESOURCES

Do you have a Live-In fiancé, girl/boyfriend with whom you share household expenses? _____ If yes, how much do they contribute monthly? _____

MONTHLY EXPENSES YOU PAY (DOES NOT INCLUDE WHAT OTHERS PAY)

Rent/House payment(s): \$ _____
Food and household supplies: \$ _____
Utilities (Water, Electricity, Gas, etc.): \$ _____
Medical expenses (which you pay): \$ _____ **TOTAL EXPENSES:** \$ _____
Child/Spouse Support and childcare: \$ _____ (COMBINE ALL TOTALS TO THE LEFT)
Car payment: \$ _____
Any other expenses (car insurance, gas): \$ _____

I swear the above financial information is correct. I understand I have the right to be represented by an attorney. If I cannot afford to hire an attorney, I may ask the Court to appoint one to represent me. If I provide false information, it may be used against me and I may be charged with perjury, a third degree felony, punishable by 2 to 10 years in prison and a fine up to \$10,000.

***** I agree to receive notifications from El Paso County by phone call, text or email *****

X _____ (SIGNED BY DEFENDANT) DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, 20_____

Recommendation for Court Appoint Counsel:

QUALIFIES: YES NO

Refused To Provide Information to CJC:

YES NO

CJC Officer: _____

Presiding Judge/Pretrial Officer/Notary Public