

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

State of Idaho
Plaintiff,
vs.

Defendant.

Case No. _____

Application for Attorney at Public Expense

I want to be represented by an attorney in this case and I cannot afford to hire one. 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.

CONTACT INFORMATION

Name: _____ Year of birth: XX/XX/_____

Address: _____

Is this a jail, penitentiary, correctional, or mental health facility? ☐ Yes ☐ No

Mailing address (if different): _____

Email address: _____

Cell phone number: _____

Home phone number: _____

DEPENDENTS

Do you have any children, or other dependents, that you care for? ☐ Yes ☐ No

If yes, how many? _____

Have you been ordered to pay child support for any of these dependents? ☐ Yes ☐ No

If yes, how much do you pay per month: \$ _____

Do you receive child support payments for any of the dependents you have listed? ☐ Yes ☐ No

If yes, how much per month: \$ _____

EARNINGS

Are you employed? ☐ Yes ☐ No

If yes, name and address of employer: _____

How much do you earn per month (after taxes): \$ _____

If no, give month and year of last employment: ____/____

How much did you earn per month (after taxes): \$ _____

Did you receive any other income? ☐ Yes ☐ No

This includes income from self-employment, rental payments, interest, dividends, retirement, pension, unemployment benefits, workers compensation, annuity payments, or other sources.

If yes, how much did you earn per month (after taxes) \$ _____

Are you married? ☐ Yes ☐ No

If yes, spouse's name: _____

Name of spouse's employer (if employed): _____

How much does your spouse earn per month (after taxes): \$ _____

PUBLIC ASSISTANCE

Do you receive public assistance? ☐ Yes ☐ No

Examples: Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, food stamps, or childcare assistance.

If yes, how much do you receive per month: \$_____

ASSETS

List total cash on hand (include money in savings or checking account): \$_____

List the value of any stocks, bonds, coins, firearms, or precious metals you own: \$_____

List the value of any other personal property with a value of over \$750: \$_____

(example: vehicles, recreational vehicles, boats, ATV's, jewelry)

Description of property: _____

List the value of any estates or trusts you are beneficiary to: \$_____

List the value of any homes or real-estate you own: \$_____ \$_____

Value

Amount owed

DEBTS

List your debts (example: credit card, student loans, outstanding child support obligations, and other debt):

Description of Debt

Amount Owed

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

EXPENSES

List your monthly expenses (example: rent, food, utilities, transportation, child support):

Description of Expense

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.

Dated

Signature of Defendant

Typed/Printed Name

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.