

PLEASE PRINT

(If defendant is a minor, a form must also be completed by parent or legal guardian)

CASE NO. \_\_\_\_\_

APPLICATION FOR PUBLIC DEFENDER

Defendant's Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

XXX-XX-\_\_\_\_\_  
Social Security No. (last 4 digits only) Birth Date(Month/Day/Year)

Driver's License Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Message Phone \_\_\_\_\_

EMPLOYMENT

Name of Current or Last Employer \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Time on the Job \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Paid by the month  hour  Rate of Pay \$ \_\_\_\_\_

Date Unemployment Benefits Began (or will begin) \_\_\_\_\_  
Date Unemployment Benefits Terminate \_\_\_\_\_  
Monthly Unempl. (or anticipated income) \$ \_\_\_\_\_

Name of Spouse's Current or Last Employer \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Time on the Job \_\_\_\_\_ Hours Per week \_\_\_\_\_

Paid by the month  hour  Rate of Pay \$ \_\_\_\_\_

FINANCIAL

Nmbr. Children You Are Supporting \_\_\_\_\_ Monthly Support \$ \_\_\_\_\_ Nmbr. Children Living With You \_\_\_\_\_ Ages \_\_\_\_\_

Child Support Current? Yes  No  Amount in Arrears \$ \_\_\_\_\_ Nmbr. Adults Living With You \_\_\_\_\_ Relationships \_\_\_\_\_

ASSETS

Rent <input type="checkbox"/> or Own <input type="checkbox"/> Your Home			
Equity in Home	\$ _____	Mortgage Loan Balance	\$ _____
Equity in Other Land or Property	\$ _____	Property Loan Balance	\$ _____
Year and Make of Vehicle(s) _____			
Equity in Vehicle(s)	\$ _____	Vehicle Loan Balance	\$ _____
Cash on Hand	\$ _____		
Cash in Checking Accounts	\$ _____	Other Loan Balance	\$ _____
Name of Bank _____		List Item: _____	
Cash in Savings Accounts	\$ _____	Other Loan Balance	\$ _____
Name of Bank _____		List Item: _____	
Other Assets _____	\$ _____		

Continued on Reverse

**HOUSEHOLD MONTHLY INCOME**

**HOUSEHOLD MONTHLY DEBTS**

Your Wages (Take-home, Before Garnishments)	\$ _____	Rent or Mortgage Paid By You	\$ _____
Spouse's Wages (Take-home)	\$ _____	Car Payment	\$ _____
Other Household Member Wages	\$ _____	Food	\$ _____
A.F.D.C.	\$ _____	Utilities	\$ _____
Social Security	\$ _____	Transportation	\$ _____
S.S.I. / S.S.D.	\$ _____	Auto Insurance	\$ _____
Unemployment Insurance	\$ _____	Day Care	\$ _____
Veterans Benefits	\$ _____	Cell Phone	\$ _____
Retirement/Pension	\$ _____	Cable/Satellite	\$ _____
Child Support/Alimony	\$ _____	Educational Loans	\$ _____
Other	\$ _____	Credit Cards	\$ _____
_____		Medical	\$ _____
		Child Support/Alimony	\$ _____
		Court Fines	\$ _____
		Other	\$ _____
		_____	
<b>Total Monthly Income</b>	<b>\$ _____</b>	<b>Total Monthly Debts</b>	<b>\$ _____</b>

Amount of money remaining at the end of each month \$ \_\_\_\_\_

If you are under legal age, who is your parent or guardian?

Who will assist you financially?

\_\_\_\_\_  
 Name Phone  
 \_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Name Phone  
 \_\_\_\_\_  
 City State Zip Code

STATE OF IDAHO )  
 ) ss.  
 County of Ada )

I am requesting that a lawyer be appointed to represent me, and I understand that I may be required to reimburse the public defender at the end of my case. I swear under penalty of perjury that the answers above are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

SUBSCRIBED and SWORN to before me on \_\_\_\_\_.

PHIL McGRANE  
 Clerk of the District Court

By \_\_\_\_\_  
 Deputy Clerk