

**APPLICATION AND AFFIDAVIT FOR APPELLATE/PCR DEFENDER SERVICES**

**[Note: Under state law, §600.086.4, lying on this application is a crime.]**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County: \_\_\_\_\_ Case Number: \_\_\_\_\_

What were you convicted of? \_\_\_\_\_

Did you post Bond?  Yes  No Can you, and if so, what amount? \$ \_\_\_\_\_ How much cash down? \$ \_\_\_\_\_

Marital Status: (check one)  Single  Widowed  Divorced  Separated  Married; Spouse's name: \_\_\_\_\_

Number of children dependent on you? \_\_\_\_\_ Their names and ages? \_\_\_\_\_

1. If you have a job, what is it and how much do you make monthly? \_\_\_\_\_ \$ \_\_\_\_\_

2. If your spouse has a job, what is it and what is the monthly pay? \_\_\_\_\_ \$ \_\_\_\_\_

3. Check all that you receive:  Soc. Sec.  V.A.  Monthly payments from any source (annuity, trust, inmate job, etc)

How much do you receive? \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

4. Do you have more than \$100 in a savings or inmate treasury account?  Yes  No Where/Amount? \_\_\_\_\_

5. Do you own a car?  Yes  No How many? \_\_\_\_\_ Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Equity\* \_\_\_\_\_

6. Do you own a house or land?  Yes  No Where? \_\_\_\_\_ Equity\* \_\_\_\_\_

*\*Equity= Approximate value of house or car less amount owed by you.*

7. Do you have anything else that is worth anything?  Yes  No What? \_\_\_\_\_

8. Do you know where you can get any money to pay part or all of your lawyer's cost?  Yes  No

9. Have you ever been or are you being represented by any other lawyers?  Yes  No

Who are they and when did they represent you? \_\_\_\_\_

10. **You must sign and return the enclosed promissory note to obtain defender services**, and the fees for the defender services in your case are listed below. Further, if it is determined you are able to do so, you will be required to make deposits toward these fees.

11. You must date and sign this form and return it to the public defender. By signing this form, you acknowledge that the information contained herein is true and correct to the best of your knowledge and belief. Further, you authorize, by your signature, the public defender to investigate as may be necessary your financial status, including giving your authorization to contact banks, credit agencies, or other financial institutions.

**APPLICANTS SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_

**FOR PUBLIC DEFENDER USE ONLY:** Offense: \_\_\_\_\_ Indigent: \_\_\_\_\_ Not Indigent: \_\_\_\_\_

Comments: \_\_\_\_\_ Date: \_\_\_\_\_ Defender Signature: \_\_\_\_\_

***FEE SCHEDULE***

<u>Case Type</u>	<u>Early Disposition</u>	<u>Trial Court Level</u>	<u>Appeal</u>
Direct Appeal	\$25.00-\$500.00	-----	\$500.00
24.035	\$25.00-\$250.00	\$250.00	\$250.00
29.15	\$25.00-\$500.00	\$500.00	\$500.00
Capital PCR	\$100.00-\$5,000.00	\$5,000.00	\$5,000.00
Other (writs, etc)	\$25.00-\$500.00	\$25.00-\$500.00	\$25.00-\$500.00

**WHILE YOUR INMATE TREASURY ACCOUNT WILL NOT BE CHARGED TO SATISFY THIS DEBT, WHEN YOU ARE RELEASED AND WORK, YOUR INCOME TAX REFUND MAY BE INTERCEPTED TO SATISY THIS DEBT.**