

FIRESTONE MUNICIPAL COURT  
APPLICATION FOR COURT APPOINTED COUNSEL

Case Number: \_\_\_\_\_ Next Hearing Date/Type: \_\_\_\_\_

**ALL SECTIONS MUST BE COMPLETED. PRINT NEATLY. IF AN ITEM DOES NOT APPLY, WRITE N/A.**

|   |   |
|---|---|
| <b>Applicant</b><br>Name _____<br>Mailing Address _____<br>City, State, Zip _____<br>Phone Number _____<br>Birthdate _____  | <b>Applicant's Employer</b><br>Company _____<br>Mailing Address _____<br>City, State, Zip _____<br>Phone Number _____ Position _____<br>Pay Rate \$ _____ Hours per Week _____              |
| <b>Other Household Member (Spouse, Partner, Parent, etc.)</b><br>Name _____<br>Relationship to Applicant _____<br>Mailing Address _____<br>City, State, Zip _____<br>Phone Number _____ Date of Birth _____ | <b>Other Household Member's Employer</b><br>Company _____<br>Mailing Address _____<br>City, State, Zip _____<br>Phone Number _____ Position _____<br>Pay Rate \$ _____ Hours per Week _____ |

Marital Status:  Single  Married  Partner in Civil Union  Separated  Divorced/Civil Union Dissolved

Number of Persons in Your Household: \_\_\_\_\_

| Gross Monthly Income             | Amount   | Monthly Expenses          | Amount   |
|----------------------------------|----------|---------------------------|----------|
| Self(wages, salary, commission)  | \$ _____ | Rent/Mortgage             | \$ _____ |
| Spouse/Partner/Other Household   |          | Groceries                 |          |
| Parents (if same household)      |          | Utilities                 |          |
| Unemployment Benefits            |          | Clothing                  |          |
| Social Security/Retirement Funds |          | Medical/Dental            |          |
| Maintenance                      |          | Maintenance/Child Support |          |
| Other Income _____               |          | Other Expense _____       |          |
| Other Income _____               |          | Other Expense _____       |          |
| <b>Total Household Income</b>    | \$ _____ | <b>Total Expense</b>      | \$ _____ |

| Assets                                 | Amount   | Description           |
|--|----------|-----------------------|
| Savings Account Balance                | \$ _____ | Name of Bank: _____   |
| Checking Account Balance               |          | Name of Bank: _____   |
| Value of Vehicle                       |          | Year and Model: _____ |
| Value of Vehicle (recreation, trailer) |          | Year and Model: _____ |
| Value of House                         |          | Type: _____           |
| <b>Total Assets</b>                    | \$ _____ |                       |

If your income equals \$0 you must explain your means of support below:

**I Swear or Affirm, under Penalty of Perjury, that the above information is true and complete. I authorize the Brighton Municipal Court to verify any information I have recorded on this form, including, but not limited to, authorizing my employer, bank, and the like to release any otherwise confidential information necessary to accomplish verification. I hereby request the Brighton Municipal Court appoint an attorney to represent me in the case pending against me.**

**I also understand that if I am granted a court appointed Attorney and then fail to appear for any court date the Attorney will be allowed to withdraw from my case and that I will be required to represent myself.**

Defendant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Jail Waived: \_\_\_ Yes \_\_\_ No

City Prosecutor: \_\_\_\_\_

\_\_\_ Eligible \_\_\_ Not Eligible

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date