

APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Case number: _____ Court Room: _____ District: _____

Most serious charge: _____ Next hearing date/Type: _____

All sections must be completed. Print neatly. If an item does not apply, write N/A.

Applicant		Applicant's Employer	
Name _____		Company _____	
Mailing Address _____		Mailing Address _____	
Street Address (if different) _____		Street Address (if different) _____	
City, State, Zip _____		City, State, Zip _____	
Phone number _____		Phone Number _____ Position _____	
Soc. Sec. No. _____ Birthdate _____		Length of Employment _____ Hours/Week _____	
Driver's License No. _____ State _____		Pay Dates: _____ Pay Rate: \$ _____	
Other Household Members (Spouse, Partner, Parent, etc.)		Other Household Member's Employer	
Name _____		Company _____	
Relation to Applicant _____		Mailing Address _____	
Mailing Address _____		Street Address (if different) _____	
Street Address (if different) _____		City, State, Zip _____	
City, State, Zip _____		Phone Number _____ Position _____	
Phone number _____		Length of Employment _____ Hours/Week _____	
Soc. Sec. No. _____ Birthdate _____		Pay Dates: _____ Pay Rate: \$ _____	
Driver's License No. _____ State _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Civil Union Dissolved Total Number of Dependents (including yourself): _____			
Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount
Self (wages, salary, commission)	\$ _____	Rent/Mortgage	\$ _____
Spouse/Partner/Other Household Members		Groceries	
Parents (if same household)		Utilities	
Unemployment Benefits		Clothing	
Social Security/Retirement Funds		Maintenance (Spousal/Partner Support) and/or Child Support	
Maintenance (Spousal/Partner Support)		Medical/Dental	
Other Income (see Page 2)		Other Expenses (identify source)	
Other Income (see Page 2)		Other Expenses (identify source)	
Total Household Income	\$ _____	Total Expenses	\$ _____
Assets	Amount	Description	
Savings Account Balance	\$ _____	Name of Bank: _____	
Checking Account Balance		Name of Bank: _____	
Value of Vehicles		Year and Model: _____	
Value of Recreation Vehicles		Amount Owed: \$ _____	
Value of House		Type: _____	
Value of Other Property		Type: _____	
Value of Stocks, Bonds, Mutual Funds		Type: _____	
Value of Other Investments		Year and Model: _____	
Total Assets	\$ _____	Convertible to Cash = \$ _____	
References:			
1. Name/Address/Phone _____			
2. Name/Address/Phone _____			
Guidelines:			
<input type="checkbox"/> At or below or <input type="checkbox"/> Above or			
<input type="checkbox"/> Automatically eligible for PD/GAL/RPC (<input type="checkbox"/> In custody &/or bond allowed <input type="checkbox"/> Out on bond) or			
<input type="checkbox"/> Refer to scoring instrument (Criminal, Misdemeanor, Traffic, Juvenile Delinquency cases)			
Signature of investigator/clerk/PD: _____ Date: _____			
I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.			
Client signature _____ Date: _____			
Signature of judicial officer: _____ Date: _____			
Request: <input type="checkbox"/> granted or <input type="checkbox"/> denied			

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General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

◆ **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

◆ **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 208.

If you are applying to have your filing fee waived you may be asked to supply:

- Copies of the previous three months bank statements, including checking and savings. **DO NOT provide originals.**
- Copies of the previous three months' pay stubs and/or proof of income must be included. **DO NOT provide originals.**