

**State of Michigan
In the 91st District Court for Chippewa County**

People of the State of Michigan,
Plaintiff

v.

Defendant

File no(s) _____

Hon. Elizabeth B. Church

Charge(s): _____

AFFIDAVIT AND REQUEST FOR COURT APPOINTED COUNSEL

Personal Information

Address _____ City/State/Zip _____
 DOB _____ Number of dependents (inc. self) _____ Phone: _____
 Single Married Employed. If unemployed, source of income: _____
 Employer _____ How long have you worked there? _____
 Employer address _____
 Trade or job description _____

Monthly Income

	You	Spouse
Employment	_____	_____
SSI/VA/Retirement	_____	_____
ADC/Welfare	_____	_____
Unemployment	_____	_____
Child support/alimony	_____	_____
Other income	_____	_____
Total	_____	_____

Monthly Expense

	You	Spouse
Rent/house payment	_____	_____
Child support/alimony	_____	_____
Utilities	_____	_____
Loan payments	_____	_____
Medical bills/prescriptions	_____	_____
Other payments	_____	_____
Total	_____	_____

Assets

Do you or your spouse:	Yes	No	Value	Debt	Net Value
own your home, buying a home	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
own other property?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
own a car? Make/Model/Year _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
own any recreational vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
have a bank account?	<input type="checkbox"/>	<input type="checkbox"/>	current balance _____		
the beneficiary of a trust or estate?	<input type="checkbox"/>	<input type="checkbox"/>			

Do you have a pending law suit yes no

I, the undersigned, acknowledge and understand that I must keep my attorney and the Court informed of any changes in the aforementioned information. I understand that this information is **not** confidential and may be used to determine my ability to pay for my attorney and defense costs. I understand that I may be ordered to repay the Court for all or part of my attorney and defense costs. I declare under penalty of contempt of court that the above information is accurate and complete to the best of my information, knowledge and belief and I have no other income.

Dated: _____

State of Michigan }
County of Chippewa }^{ss}

On _____ before me, a Notary Public, in and for said county, personally appeared the above named petitioner, to me known to be the same person described in and who executed the foregoing and who acknowledged the same to be his/her free act and deed.

Marlene Murphy
Notary Public, State of Michigan, Chippewa County
My commission expires 07/07/13

Approval/Rejection

- Based on the following Affidavit and Request, the above named defendant qualifies for representation by the Chippewa County Office of the Public Defender.
- Based on the following Affidavit and Request, the above named defendant **does not** qualify for representation by the Chippewa County Office of Public Defender.

Dated: _____

ORDER

IT IS HEREBY ORDERED that the Chippewa County Office of Public Defender is appointed to represent the defendant.

Dated: _____

Hon. Elizabeth B. Church (P47227)