

PLEASE PRINT

CASE NO. _____

APPLICATION FOR PUBLIC DEFENDER

Defendant's Name _____ Social Security Number _____ Birth Date (M/D/Y) _____

Mailing Address _____ Physical Address _____ Home Phone _____

City State Zip _____ Work Phone _____ Message/Cell Phone _____

Marital Status Single Married Separated

No. Dependant Children _____ Child Support Payments Monthly \$ _____
Child Support Received Monthly \$ _____

EMPLOYMENT

Name of Employer _____ Phone _____

Name of Spouse's Employer _____ phone _____

City State Zip _____

City State Zip _____

Start Date End Date Hrs Per Week _____

Start Date End Date Hrs Per Week _____

\$ _____ per month at \$ _____ per hour

\$ _____ per month at \$ _____ per hour

FINANCIAL

Your Home--Rent Own Other Explain if Other _____

Equity in Home/Properties \$ _____ Equity in Vehicles \$ _____

Name of financial Institution(s) _____

Balance in Checking \$ _____ Balance in Savings \$ _____

Other Assets _____ \$ _____

OTHER INCOMES:

A.F.D.C. \$ _____
Social Security \$ _____
S.S.I./S.S.D \$ _____
Unemployment \$ _____
Veterans Benefits \$ _____
Retirement/Pension \$ _____
Student Loans \$ _____
Inheritance per Capita \$ _____
Lease Money \$ _____
Other \$ _____

MONTHLY EXPENSES:

Rent/Mortgage \$ _____
Vehicle Payments \$ _____
Food/Utilities \$ _____
Auto Insurance \$ _____
Student Loans \$ _____
Credit Cards \$ _____
Medical \$ _____
Other \$ _____

I HEREBY CERTIFY that all of the answers to the foregoing questions are under oath and swear that the same are true and correct and if I have intentionally answered any of said questions incorrectly I may be prosecuted for perjury.

Date

Defendant's Signature

I, _____, willfully cooperate with, and hereby authorize to be released to Bannock County, their authorized agents and employees, as part of my request for legal assistance, any and all information concerning me and my circumstances and earning abilities. This release is general in nature and I authorize all parties contacted by Bannock County, not limited to relatives, friends, associates, financial institutions, State Department and Health and Welfare, Social Security, Veterans Administration, Law Enforcement Agencies, Internal Revenue Service, State Tax Commission, and the Idaho Department of Employment, and any and all other to release such information that may be requested by Bannock county.

I further authorize Bannock County to release information about my application to all parties of interest as contemplated by Idaho Code Section 19-854.

I hereby waive any confidential privilege with regard to the furnishing of the aforesaid information. The foregoing authority shall continue until revoked by me in writing.

DATED this _____ day of _____, 20_____.

Applicant

Public Defender? **Granted** _____ **Denied** _____

ORDER: Appointment of Public Defender is **Granted**, and Defendant is herewith **ORDERED** to reimburse Bannock County \$ _____ **Due by Pretrial Date.** Additional fees could be assessed based on hours required for disposition of your case by the Public Defender.

IT IS SO ORDERED this _____ day of _____, 20_____.

Magistrate Judge or Judicial Enforcement Officer