

IN THE DISTRICT COURT OF THE SIXTH JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF BANNOCK

State of Idaho  
Plaintiff,  
vs.  
Defendant.

Case No.  
Application for Attorney at Public Expense

I want to be represented by an attorney in this case and I cannot afford to hire one. I understand that the information in this form cannot be used against me in any criminal case, except:

- To dispute the truth of my testimony if I choose to testify in court.
- In a prosecution for perjury or contempt if I provide information in this form that I know is false.

**CONTACT INFORMATION**

Name: \_\_\_\_\_ Year of birth: XX/XX/\_\_\_\_\_  
Address: \_\_\_\_\_  
Is this a jail, penitentiary, correctional, or mental health facility?  Yes  No  
Mailing address (if different): \_\_\_\_\_  
Email address: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_  
Home phone number: \_\_\_\_\_

**DEPENDENTS**

Do you have any children, or other dependents, that you care for?  Yes  No  
If yes, how many? \_\_\_\_\_  
Have you been ordered to pay child support for any of these dependents?  Yes  No  
If yes, how much do you pay per month: \$ \_\_\_\_\_  
Do you receive child support payments for any of the dependents you have listed?  Yes  No  
If yes, how much per month: \$ \_\_\_\_\_

**EARNINGS**

Are you employed?  Yes  No  
If yes, name and address of employer: \_\_\_\_\_  
How much do you earn per month (after taxes): \$ \_\_\_\_\_  
If no, give month and year of last employment: \_\_\_\_ / \_\_\_\_  
How much did you earn per month (after taxes): \$ \_\_\_\_\_  
Did you receive any other income?  Yes  No  
*This includes income from self-employment, rental payments, interest, dividends, retirement, pension, unemployment benefits, workers compensation, annuity payments, or other sources.*  
If yes, how much did you earn per month (after taxes) \$ \_\_\_\_\_  
Are you married?  Yes  No  
If yes, spouse's name: \_\_\_\_\_  
Name of spouse's employer (if employed): \_\_\_\_\_  
How much does your spouse earn per month (after taxes): \$ \_\_\_\_\_

**PUBLIC ASSISTANCE**

Do you receive public assistance?  Yes  No

Examples: Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI), Medicaid, food stamps, or childcare assistance.

If yes, how much do you receive per month: \$ \_\_\_\_\_

**ASSETS**

List total cash on hand (include money in savings or checking account): \$ \_\_\_\_\_

List the value of any stocks, bonds, coins, firearms, or precious metals you own: \$ \_\_\_\_\_

List the value of any other personal property with a value of over \$750: \$ \_\_\_\_\_

(example: vehicles, recreational vehicles, boats, ATV's, jewelry)

Description of property: \_\_\_\_\_

List the value of any estates or trusts you are beneficiary to: \$ \_\_\_\_\_

List the value of any homes or real-estate you own: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Value Amount owed

**DEBTS**

List your debts (example: credit card, student loans, outstanding child support obligations, and other debt):

**Description of Debt**

**Amount Owed**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**EXPENSES**

List your monthly expenses (example: rent, food, utilities, transportation, child support):

**Description of Expense**

**Monthly Amount Paid**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Typed/Printed Name

NOTICE: If an attorney is appointed to represent you at public expense, and if you plead guilty or are found guilty of any crime, you may be required by the court to reimburse the county for all or a portion of the cost of the legal services you have received.