STATE OF INDIANA)	IN THE	, COURT
COUNTY OF) SS:)	CAUSE NO:	
STATE OF INDIANA,)		
Plaintiff,)		
V.)		
)		
)		
Defendant.)		
PETITION	FOR APPOIN	TMENT OF	COUNSEL
I hereby affirm under penalty of believe that I lack the financial recounsel to represent me in this minformation is true and correct. SECTION 1: IDENTIFYING	esources to hire an a natter. In support of	ttorney. I hereb this request, I at	y request the appointment of
Name:	Date of Birth:	Social S	Security # (last four):
Do you have pending criminal	l charges in	Cour	nty for which a Public
Defender has been assigned?	□ Yes □ No		
SECTION 2: HOUSEHOLD	& EMPLOYMEN	<u>T</u>	
	0 M N		' 10 X/ X/
Are you experiencing homeles		•	
Where do you live?		Tele	phone #
How many people, other than	yourself, do you su	pport? Adults: _	Children:
Do you live with or share experienceIf yes, what is the tak			adults?
	NOTIC	E	

If the Court finds that you can pay part of the cost of an appointed attorney, you will be ordered to pay an initial fee of \$200 in a felony case, and \$100 in a misdemeanor case. You may also be required to repay the value of your appointed attorney's services if you are found to be able to pay at any time in the future.

Are you employed? No If yes, name of employer: What is your employer's address?
What type of work do you do?
How long have you had this job?
How many hours per week do you work? What is your <u>take home</u> pay per week? \$
If you do not work full time, when was the last time you worked a full [30+hours] week?
If you have not worked a full week recently, when do you think you will next work a full week?
SECTION 3: PUBLIC ASSISTANCE
Please check the boxes for programs that you are currently enrolled in or receive benefits through:
 □ Supplemental Security Income (SSI) □ Temporary Assistance to Needy Families (TANF) □ Medical Assistance (Medicaid, Health Advantage, HIP) □ Public Housing Assistance (i.e., Section 8) □ Supplemental Nutrition Assistance Program (food stamps, SNAP) □ Other public assistance program(s) (please list):
SECTION 4: INCOME, EXPENSES, & ASSETS Please list your monthly income and expenses below.

INCOME	EXPENSES		
Salary/Wages (after tax):	\$	Mortgage/Rent:	\$
Social Security (SSI, SSD, SSR)	\$	Utilities	\$

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Unemployment:	\$ Child Support/Alimony:	\$
Worker's Compensation:	\$ Child Care:	\$
Pension/Retirement	\$ Medical:	\$
Fund: Annuities:	\$ Food:	\$
Dividends:	\$ Transportation:	\$
Contributions from Family Members:	\$ Business, Farming, Education, or Employment related expenses:	\$
Other:	\$ Other:	\$
TOTAL MONTHLY INCOME:	\$	
TOTAL MONTHLY EXPENSES:	\$ TOTAL:	\$

Please list any ASSETS you own.

Cash, Savings, Checking; Stocks, Bonds, or Certificates of Deposit:	\$
Value of Home:	\$
Amount Owed on Home:	\$
Equity in Home:	\$
Other:	\$
Total OTHER ASSETS:	\$

Date:	[Defendant's signature]:

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