



APPLICATION FOR INDIGENT DEFENSE SERVICES

CIVIL CASES

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
SFN 59347 (10/2017)

NOTICE: You may be required to submit verification of your Gross Income. Verification of Gross Income includes one of the following: 1) most recent pay stub reflecting current wages, or 2) most recent W-2, or 3) most recent Tax Return, or 4) Written Statement from Employer. All questions must be answered or the application will be denied, answers with zeros, slashes, or n/a are not accepted.

Section A-Personal Information

First Name	Middle Initial	Last Name	Alias
Address Where You Live			Apartment or Unit Number
City	State	Zip	Mailing Address (if different)
Phone Number(s) You Can be Reached at			Email Address
Case Number(s)		Type of Case (check all that apply): <input type="checkbox"/> Order to Show Cause <input type="checkbox"/> Contempt <input type="checkbox"/> Post-Conviction Relief <input type="checkbox"/> Other: _____	
Have you ever had an appointed lawyer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who?

Do you personally receive any of the following governmental benefits?

TANF: Yes No

Medical Assistance for the Elderly: Yes No

Supplemental Security Income: Yes No

If you answered yes to receiving TANF, Supplemental Security Income, OR Medical Assistance for the Elderly, and have attached documentation that you personally receive such benefits, skip section B, C, D, E, F, G and skip to section H. If you have not attached documentation showing that you personally receive such benefits, or if you answered no to receiving TANF, Supplemental Security Income, AND Medical Assistance for the Elderly, complete the entire application in order for your eligibility for indigent defense services to be determined.

Section B-Job Information

Household Member (name)	Employer (Name, Job, Phone number of supervisor)	Hours Worked Per Week	Hourly Pay	Monthly Pay before Taxes (Gross)
Applicant				
Applicant's Spouse				
If you are unemployed, what type of work do you do, and when do you expect to return to work?				
If income is different than it has been in the last 12 months please describe why:				



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MOST RECENT PAST EMPLOYMENT (LIST ALL EMPLOYERS FOR THE PAST TWO YEARS)		
Employer	Dates of Employment	Monthly Income Before Taxes

Section C- Other Money Received

The following is a list of different kinds of other money received. Check yes for each unearned income or other money received by yourself or spouse. Check no if not received.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bingo/Gambling Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money from Friends, Relatives, or Others
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Support or Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money from Inheritance
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contract Sale or Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil/Mineral (gas, coal, gravel) Rights/Royalties
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from CRP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension/Retirement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income Received from Rent/Boarder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroad Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance/Lawsuit Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest/Dividend Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's/Military Benefits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Money deposited into a bank account from an individual not listed on your tax return	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please specify) _____

For all items above checked yes, fill in the boxes below (if you need more room use an additional sheet of paper):

Type of Other Money Received	Household Member	How Often Received	Amount this Month	Amount Next Month

Does anyone other than yourself or spouse deposit money into your bank account? Yes No
If yes, explain:

Have you or your spouse applied for benefits not yet received (such as Social Security, Worker's Compensation, Unemployment Compensation, Veteran's/Military benefits, etc.?) Yes No
If yes, explain:



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Section D-Assets

The following is a list of assets. Check yes for each asset you or your spouse own or are purchasing. Check no if not owned or being purchased.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities/ Money Market Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inheritance/Trusts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assets Owned with Another Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Estate/Life Lease
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business Accounts/ Business Inventory/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mineral Rights (Oil, Gas, Gravel, Coal, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes or Contract for Deed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Property (land, Rental Property, Buildings, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking/Credit Union Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Funds (IRA/KEOGH/401K)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Card Account (Not Checking/Savings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Deposit Box
<input type="checkbox"/> Yes <input type="checkbox"/> No	Farm Equipment, Livestock, Stored Grain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Bonds
<input type="checkbox"/> Yes <input type="checkbox"/> No	House/Mobile Home/Other Residence (Not Owner Occupied)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks/Bonds/Mutual Funds
<input type="checkbox"/> Yes <input type="checkbox"/> No	House/Mobile Home /Other Residence (Owner Occupied)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Credit Union Accounts
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income Producing Tools/Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (please specify) _____

For all items above checked yes, fill in boxes below (if you need more room use an additional sheet of paper):

Type of Asset	Location/Description	Total Value	Amount Owed	Owners

Section E-Vehicles

How many vehicles do you own? _____

List Vehicles (car, truck, motor home, snowmobile, motorcycle, 3 wheeler, 4 wheeler, boat, or other watercraft, camper, trailer, etc.) owned, jointly owned or being purchased for yourself and/or spouse, even if the vehicle is not running or not in your possession. (if you need more room use an additional sheet of paper)

Make/Model	Year	Value	Amount Owed

Do you expect changes in assets next month? Yes No If yes, explain:



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Section F-Household Size

Please list the total number of persons in your home that you are financially responsible for (only people listed on your tax return). Only use initials for persons under 18.

Name or Initials	Relationship	Age

Are you court ordered to pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	For whom? (use initials)
If yes, amount court ordered support per month	Actual amount paid per month

Section G-Extraordinary Financial Considerations

Are there any extraordinary financial conditions that would prevent you from hiring a private lawyer?
 Yes No If you answered yes, please explain:

Section H-Acknowledgement

I have answered all questions honestly and truthfully to the best of my knowledge and I am requesting that a lawyer be appointed to represent me. I understand that the information supplied on this form is not confidential. I also understand that if I have supplied false information in the application, **it may lead to criminal prosecution and conviction**. If counsel is appointed for me, I understand that I have a continuing responsibility to inform the court of any changes in my financial condition, employment status, or household size. I understand that even if I am found eligible to have the costs of an attorney and related expenses paid for me at this time, I may be required to pay back the attorney fees and related expenses to the State at a later time. I understand that by signing this application I give authorization for investigation into my income, assets and benefits, and this form will serve as a release of information to any source which might have such information including, but not limited to, claim information from Workforce Safety and Insurance. I agree this form will serve as a release of information to any source which might have such information, which would include Worker's Safety and Insurance.

Date: _____ Signature: _____

The following questions are optional (you do not have to answer them if you do not want to do so).

Please indicate your race/ethnicity:

Did you/do you serve in the armed forces? Yes No



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FOR COURT USE ONLY

Applicant is found to be:

- Not eligible for indigent defense services, because
 - this is a child support enforcement proceeding or a contempt proceeding and the court has not made a determination that jail is a likely sanction.
 - this is not a type of matter for which services are authorized (such as when the case is closed and nothing is currently pending before the Court)
 - Incomplete application
 - Other _____

Not indigent. The application for appointed defense services is denied.

Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents. The Court hereby advises the defendant of the defendant's potential obligation to reimburse the Commission the amounts expended on behalf of the defendant.

Date: _____

_____ Judge of District Court or Designee