

Walker County Application for Court Appointed Attorney

I will retain my own attorney: _____ Date: _____

Defendant's Signature

To determine eligibility for court appointment of an attorney, the defendant must fill out this form.

Do not continue filling out form if Defendant to retain own attorney.

Defendant's Name: _____

Defendant's Mailing Address: _____

Email Address: _____ Phone Number: _____

Size of family Unit (Members of immediate family that you support financially (List name, age & relationship))		
Name:	Age:	Relationship:

Does applicant have a parent or other close relative who is able to make a voluntary contribution toward attorney's fees? Explain.

Monthly Income		Necessary Mo. Living Expenses	
Your Salary		Rent / Mortgage:	
Spouse's Salary		Utilities (gas, electric, etc.)	
SSI/SSDI		Transportation: Make: Model: Year:	
AFDC		Clothes/Food	
Social Security Check		Day Care / Child Care:	
Child Support		Medical Expenses	
SNAP/ Food Stamps		Credit Cards	
Other Income		Court-Ordered Monies:	
		Child Support:	
TOTAL INCOME*		TOTAL NECESSARY EXPENSES*	

STAFF USE ONLY:

Comments: _____

TOTAL MONTHLY INCOME:	
TOTAL MONTHLY EXPENSES:	-
DIFFERENCE (net income)	=

DEFENDANT MEETS ELIGIBILITY REQUIREMENTS
_____ YES _____ NO _____ UNDETERMINED

I have been advised of my right to representation by counsel in the trial of the charge pending against me. I certify that I am without means to employ counsel of my own choosing and I hereby request the court to appoint counsel for me. I swear that the above information is true and correct. The information I listed is accurate and I will immediately notify the court of any changes in my financial situation.

**All information is subject to verification. Falsification of information is a criminal offense.*

Signature of Defendant _____

Date _____

Sworn to and subscribed before the undersigned Judge, Notary, or Clerk on _____ 20____.

Charge and Degree of Offense:

Signature of Judge, Notary or Clerk _____

Print Name _____