



MUNICIPAL COURT

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APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Case number: _____ Court Room: _____ District: _____

Most serious charge: _____ Next hearing date/Type: _____

All sections must be completed. Print neatly. If an item does not apply, write N/A.

Applicant		Applicant's Employer	
Name _____		Company _____	
Mailing Address _____		Mailing Address _____	
Street Address (if different) _____		Street Address (if different) _____	
City, State, Zip _____		City, State, Zip _____	
Phone number _____		Phone Number _____ Position _____	
Soc. Sec. No. _____ Birthdate _____		Length of Employment _____ Hours/Week _____	
Driver's License No. _____ State _____		Pay Dates: _____ Pay Rate: \$ _____	
Other Household Members (Spouse, Parent, etc.)		Other Household Member's Employer	
Name _____		Company _____	
Relation to Applicant _____		Mailing Address _____	
Mailing Address _____		Street Address (if different) _____	
Street Address (if different) _____		City, State, Zip _____	
City, State, Zip _____		Phone Number _____ Position _____	
Phone number _____		Length of Employment _____ Hours/Week _____	
Soc. Sec. No. _____ Birthdate _____		Pay Dates: _____ Pay Rate: \$ _____	
Driver's License No. _____ State _____			
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Total Number of Dependents (including yourself): _____			
Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount
Self (wages, salary, commission)	\$ _____	Rent/Mortgage	\$ _____
Spouse/Other Household Members	_____	Groceries	_____
Parents (if same household)	_____	Utilities	_____
Unemployment Benefits	_____	Clothing	_____
Social Security/Retirement Funds	_____	Maintenance/Alimony and/or Child Support	_____
Maintenance/Alimony	_____	Medical/Dental	_____
Other Income (see Page 2)	_____	Other Expenses (identify source)	_____
Other Income (see Page 2)	_____	Other Expenses (identify source)	_____
Total Household Income	\$ _____	Total Expenses	\$ _____
Assets	Amount	Description	
Savings Account Balance	\$ _____	Name of Bank: _____	
Checking Account Balance	_____	Name of Bank: _____	
Value of Vehicles	_____	Year and Model: _____	
Value of Recreation Vehicles	_____	Amount Owed: \$ _____	
Value of House	_____	Type: _____	
Value of Other Property	_____	Type: _____	
Value of Stocks, Bonds, Mutual Funds	_____	Type: _____	
Value of Other Investments	_____	Year and Model: _____	
Total Assets	\$ _____	Convertible to Cash = \$ _____	
References:			
1. Name/Address/Phone _____			
2. Name/Address/Phone _____			

Guidelines:

At or below **or** Above **or**

Automatically eligible for PD (In custody &/or bond allowed Out on bond)

Signature of clerk: _____ Date: _____

I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.

Client signature _____ Date: _____

Signature of judicial officer: _____ Date: _____

Request: granted **or** denied

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General Information

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

- **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

Note: Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

- **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

B. Liquid Assets. Includes cash on hand or in accounts, stocks bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expense categories are listed on JDF 208.