CONFIDENTIAL APPLICATION FOR APPOINTED COUNSEL AFFIDAVIT OF INDIGENCY

READ ME FIRST:

- (1) Please fill out as much of this form as you can; if you do not have exact numbers, please estimate financial amounts as accurately as possible.
- (2) If you do not know an answer, please write DO NOT KNOW.
- (3) All financial information needs to be current as of the date you're filling out this form. For example, if you think you're getting hired next week for a job but today you're still not working, you should list that you're unemployed.

SECTION 1 – PERSONAL INFORMATION

FIRST, MIDDLE, AND LAST NAME:
DATE OF BIRTH: / / / MARITAL STATUS: (SINGLE) (SEPRTD.) (MARRIED) (DIVORCED) (WIDOWED)
MAILING ADDRESS: APT/UNIT:
CITY/STATE/ZIP CODE:
PRIMARY PHONE #: ALTERNATE PHONE #:
EMAIL ADDRESS:
GENDER: WOMAN MAN TRANSGENDER NON-BINARY/CONFORMING PREFER NOT TO RESPOND
DO YOU RESIDE WITH ANYONE: YES / NO NUMBER OF DEPENDENTS YOU SUPPORT:
DO YOU LIVE IN KENT COUNTY? YES / NO IF YES, FOR HOW LONG:
TYPE OF CASE FOR WHICH YOU NEED AN ATTORNEY (CIRCLE ONE):
FELONY CRIMINAL MISDEMEANOR CRIMINAL PPO VIOLATION
FELONY CRIMINAL MISDEMEANOR CRIMINAL PPO VIOLATION CASE #: JUDGE: COURT:
CASE #: JUDGE: COURT:
CASE #: JUDGE: COURT: DATE/TIME OF PCC: DATE/TIME OF PRELIM:
CASE #:
CASE #:

SECTION 2 – EMPLOYMENT INFORMATION

ARE YOU PRESENTLY EMPLOYED? YES / NO IF YES, NAME OF EMPLOYER:
ADDRESS AND PHONE # OF EMPLOYER:
HOW LONG HAVE YOU WORKED AT YOUR CURRENT EMPLOYER?
WEEKLY TAKE HOME EARNINGS: \$ POSITION/JOB TITLE
IF YOU'RE NOT WORKING, WHEN WERE YOU LAST REGULARLY EMPLOYED: MONTH / YEAR
IS YOUR SPOUSE EMPLOYED? YES / NO
SPOUSE'S WEEKLY TAKE HOME EARNINGS: \$
DO YOU RECEIVE / HAVE YOU APPLIED FOR EMPLOYMENT COMP, WELFARE, ADC, SOC. SEC. BENEFITS, WORKERS COMP?: YES / NO
SECTION 3 – FINANCIAL INFORMATION
DO YOU HAVE ANY OF THE FOLLOWING TYPES OF ACCOUNTS (CIRCLE ONE):
CHECKING SAVINGS RETIREMENT
IF YES, HOW MUCH MONEY IS IN THE ACCOUNT(S): \$
DO YOU OWN A VEHICLE(S)? YES / NO ESTIMATED VALUE OF VEHICLE(S): \$ AMOUNT OWED TO BANK/CREDITOR: \$
PLEASE LIST ANY OTHER PROPERTY OR ASSETS YOU OWN (i.e., property, land, other vehicles, boat, stocks, funds, etc.):
PLEASE LIST ALL DEBTS AND THEIR MONTHLY COST: (i.e., credit cards, child support payments, loans, court ordered fines/costs, medical bills, etc.):
WHAT IS YOUR LIVING SITUATION – CIRCLE ALL THAT APPLY TO YOU: OWN A HOME RENT AN APT/HOME LIVE WITH ROOMMATE LIVE WITH FAMILY
SECTION 4 – CASE INFORMATION
ARE YOU ON BOND? YES / NO
DO YOU HAVE OTHER PENDING CASES? YES / NO
HAVE YOU HAD AN APPOINTED ATTORNEY / PUBLIC DEFENDER BEFORE? YES / NO
IF YES, WHEN? ATTORNEY'S NAME:

By signing below, I affirm/swear that	everything I have written in this form is true and accurate to the
best of my belief. I understand that I	l may be required to show verification of the information provided
above.	
APPLICANT'S SIGNATURE	DATE

ONCE COMPLETE, MAIL OR EMAIL ALL PAGES OF THE FORM TO:

Indigent Defense Program Kent County Administration Building 300 Monroe Ave. NW Grand Rapids, MI 49503

or

indigent-defense@kentcountymi.gov

YOU MAY BE REQUIRED TO REIMBURSE ON A PAYMENT SCHEDULE FOR AN APPOINTED ATTORNEY