

APPLICATION/AFFIDAVIT FOR PUBLIC DEFENDER SERVICES AND PROMISE TO PAY

COMPLETE ONLY IF REQUESTING PUBLIC DEFENDER REPRESENTATION

Last Name: _____ First Name: _____ MI: _____

SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone Number¹: _____ Alt Number: _____ Email Address¹: _____

Are you married?: Yes _____ No _____ Are you a full-time student?: Yes _____ No _____

What are the charges against you? _____

In what county(ies) are you facing charges? _____ Case Number(s): _____

Are you currently represented by an attorney in this case? Yes _____ No _____

Are you in custody? Yes _____ No _____ Where? _____

If you are out on bond, how much was the bond? _____

What amount has actually been paid? _____ How much is still owed? _____

What was the source of funds used to pay the bond? _____

ELIGIBILITY DETERMINATION FOR QUALIFYING CASES

1. Are you receiving any type of public assistance? (do not include Social Security, Disability, or Unemployment Compensation)
a. Yes _____ If so, what type? _____
b. No _____

2. Are you employed? Yes _____ No _____

3. Do you have any cash, vehicles, bank accounts, stocks, bonds, jewelry, cash value in life insurance policy or other financial assets? Yes _____ No _____
a. List by type and value, including vehicle make/model/year: _____

b. Do you own or are you buying a home? If yes, list the value of the home and the amount you owe on it.

4. How many children are you legally required to provide for? _____
Please list their ages: _____

5. Please list all sources of current income and all current debts (but only if payments are actually being made).

Monthly Income

(May leave blank if \$0.00 amount.)

Monthly Expenses

a. What do you make per hour?	\$ _____	Rent/Mortgage	\$ _____
How many hours per week?	_____	Utilities	\$ _____
b. Spouse's income ¹	\$ _____	Car Payment	\$ _____
c. Parent's income ²	\$ _____	Credit Cards	\$ _____
d. Public assistance	\$ _____	Child Support	\$ _____
e. Unemployment Compensation	\$ _____	Alimony	\$ _____
f. Social Security	\$ _____	Bank Loans	\$ _____
g. Other retirement/pension	\$ _____	Other	\$ _____
h. Disability income	\$ _____	(specify):	_____
i. Other income	\$ _____		

Go To Page 2 – APPLICATION MUST BE SIGNED

¹ Spouse's income to be listed unless spouse is the alleged victim.

² Parents' Income to be listed if under 18 years of age & dependent on parent(s) for support *unless* parent is the alleged victim in the crime charged; or over 18 years of age and full time student, or dependent upon parent or parent posted bond.

FEES

I understand that if I am accepted as a client by the Missouri State Public Defender (MSPD), I will owe a fee as set out in the chart below, even if I hire a private attorney after I apply for and am accepted by the Public Defender. No fee will be assessed for applicants who are under the age of 18 at the time of applying, or who are charged as a juvenile.

Entry with early withdrawal	\$25
Misdemeanors and Probation Violation Cases	\$125
Felonies, Appeals and Post-Conviction Relief	\$375
Felony Sex Cases	\$500
Murder Non-Capital and Civil Commitment Cases	\$750
Capital Murder Case	\$1,500

ACKNOWLEDGMENT AND PROMISE TO PAY

I understand that lying on this application constitutes a crime. I also understand that MSPD may contact government agencies, credit bureaus, employers, banks, or other financial institutions to verify my financial situation. My signature constitutes authorization for release of this information to MSPD.

By signing, I agree that I am requesting the Public Defender to represent me, and that I agree and promise to pay the sum set out in the Fee section above. I understand that MSPD may collect this fee in this case and other cases where the Public Defender has undertaken representation based on this application from monies payable to me such as income tax refunds and/or lottery winnings. Additionally, I consent to MSPD utilizing electronic communication regarding my case.

I understand that if accepted, I am entitled to my legal file at the conclusion of my case and that if I do not request my file within 10 years from the conclusion of representation, it may be destroyed.

Applicant Signature

Date

NOTICE

Every person charged or under suspicion of committing a crime punishable by jail or imprisonment is entitled to a lawyer. If you cannot afford to hire a lawyer without substantial financial hardship to you or your dependents, the state will provide a lawyer for you if:

You are detained or charged with a felony, including appeals from a felony conviction;

You are detained or charged with a misdemeanor which will probably result in confinement in jail, including appeals from a conviction in such a case;

You are detained or charged with a violation of probation and the judge determines your due process rights require a lawyer;

When the federal constitution, state constitution or any law of this state requires the appointment of a lawyer.

¹ Be advised that MSPD uses electronic communication, including but not limited to email and text messaging. Be aware that: (1.) electronic communication is not a secure method of communication; (2.) any electronic communication that is sent to you or by you may be copied and held by any or all computers or other devices through which it passes as it is transmitted; and, (3.) persons not participating in our communication may intercept our communications by improperly accessing either of our computers or other devices or another computer or device unconnected to either of us through which the electronic communication has passed. In the event you do not wish this form of communication, please notify MSPD; until such notification is received, MSPD may communicate with you electronically.

For MSPD Use Only – DO NOT COMPLETE

Indigent _____ Not Indigent _____ Signed: _____ Dated: _____