

APPLICATION FOR PUBLIC DEFENDER SERVICES - Juvenile

State of Vermont Vermont Superior Court		Division FAMILY	Unit 	Type of Case 	Case Number
Name	First	Last	Name of Juvenile		
			Other Family Members Living with You (adults, child(ren))		
Mailing Address					
Town/City		State	Zip		
Telephone Number		Email			
Date of Birth		Social Security Number		Total Number of Family Members in Household (including yourself)	

EMPLOYMENT

Are you employed? Yes ☐ No ☐ If Yes, fill in employer's name(s) and address(es) Hourly rate of pay \$ _____ Hours worked per week _____	Employer(s) Name(s) and Address(es):
--	---

INCOME

	Yes	No
Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance)	☐	☐
Any family members living with you receive assistance?	☐	☐
Current Monthly Income		
	You	Other Family Household Members Living with You
Gross Income from Wages	\$ _____	\$ _____
Self-Employment/Business Income (other than wages)	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____
Total Income	\$ _____	\$ _____
Total Monthly Income (Your income plus family household members)	\$ _____	
Total Income in the past 12 months	\$ _____	
Is your income in the last 30 days significantly different from your monthly income during the previous year?	Yes ☐	No ☐
If YES, please explain the circumstances on the next page.		

EXPENSES

If all adults living with you receive public assistance, it is not necessary to fill out the Expenses section below.
 Otherwise, enter your **monthly** household expenses.

Rent or Mortgage Payment	\$ _____
Electric Service	\$ _____
Phone	\$ _____
Fuel (heat and/or gas)	\$ _____
Food	\$ _____
Clothing	\$ _____
Medical	\$ _____
Child Support	\$ _____
Auto Loan Payments	\$ _____
Property Taxes	\$ _____
Insurance (include Health, Auto, etc.)	\$ _____
Other Expenses	\$ _____
Total Expenses	\$ _____

Cash Assets

Cash On Hand	\$ _____
Checking Account	\$ _____
Savings Account	\$ _____
Total Cash Assets	\$ _____

Other Assets

Real Estate (Location)	Auto (Make, Model, Year)
Fair Market Value	\$ _____
Outstanding Mortgage/Loan	\$ _____
Net Value	\$ _____

NOTICE: You may be ordered to pay a minimum fee towards the cost of your legal services even if you are receiving public assistance. You may ask the Court to reduce the amount you are ordered to pay.

Additional Assets:

I have additional assets: Yes ☐ No ☐		If Yes, describe them below		
Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

APPLICATION FOR PUBLIC DEFENDER SERVICES - Juvenile

Real Property	Description	Fair Market Value (FMV)	Mortgage	Net Value
		\$	\$	\$
		\$	\$	\$

Other Assets (tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	Fair Market Value (FMV)	Use additional sheets as necessary.
		\$	
		\$	

Other Employed Family Household Members		
Name of Family Member	Name of Employer	Employer's Address

Change in Monthly Income: If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.

My income last year (past 12 months) was:	\$
The income from other family household members last year was:	\$

The reason for the change is: (This section must be filled out if you have a change in income)

I request the Court assign a lawyer to represent ☐ me ☐ the juvenile in this case because of my low income. I further ask that all necessary costs and expenses for legal service, as allowed by the court, be paid by the State of Vermont. I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date	Applicant Signature	Applicant Printed Name
------	---------------------	------------------------

Determination of Financial Eligibility

☐ Applicant is not a financially needy person in that applicant has sufficient income to retain private counsel and/or has sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.

☐ Applicant is a financially needy person in that applicant does not have sufficient income to retain private counsel and does not have sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.

☐ Minimum Payment: Applicant's household income is **under** 125% of poverty. Applicant is ORDERED to pay the minimum payment of \$50 within 60 days unless this fee is waived by the Court.

☐ Immediate Copayment: Applicant's annual household income is **above** 125% of poverty and applicant has income and assets available to support an immediate copayment to cover a part of the cost of services.
Applicant shall pay \$_____ to the Clerk of the Court.

☐ Reimbursement Order: Applicant's annual household income is **above** 125% of poverty and applicant has income and assets available to reimburse the state for the cost of services.
Applicant shall pay \$_____ to the Clerk of the Court within 60 days of the date of this Order.

NOTICE: If Public Defender Assessment and reimbursement is not fully paid within 60 days, any amount still due will be sent to the Tax Department for offset and collection agency.

Signature of Clerk or Designee	Date
--------------------------------	------

Findings and Order

The Court has reviewed the Petition and Affidavit and finds that:

☐ The interests of justice require representation of the Juvenile.

☐ The interests of justice require representation of the Applicant.

☐ The interests of justice do NOT require representation of the Applicant.

It is hereby ORDERED:

☐ Counsel ASSIGNED to Juvenile.

☐ Counsel ASSIGNED to Applicant in that applicant is financially needy and the interests of justice so require.

☐ Counsel DENIED to Applicant.

Signature of Judge	Date
--------------------	------

Notice of Right to Appeal: You have the right to **appeal** this Order to the Judge of this Court. Your appeal must be in writing with the Clerk of this Court within 7 days of the date of this Order. You may appeal a Judge's decision to the Supreme Court.