

## APPLICATION FOR PUBLIC DEFENDER SERVICES - Criminal

<b>State of Vermont</b> Vermont Superior Court		Division <b>CRIMINAL</b>	Unit	Type of Case	Case Number
<b>Name</b>	First	Last		<b>Name and Age of Dependents</b>	
				<i>Name</i>	<i>Age</i>
Mailing Address				<i>Name</i>	<i>Age</i>
Town/City		State	Zip		
Telephone Number		Email Address			
Date of Birth		Social Security Number		Total Number of Dependents (including yourself)	
<b>EMPLOYMENT</b>					
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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):		Are you currently on Probation or Parole? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>INCOME</b>			<b>EXPENSES</b>		
Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance) Any family members living with you receive assistance?			If all adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below. Otherwise, enter your <b>monthly</b> household expenses.		
<b>Current Monthly Income</b>					
	You	Other Family Household Members Living with You			
Gross Income from Wages	\$ _____	\$ _____	Rent or Mortgage Payment		
Self-Employment/Business Income (other than wages)	\$ _____	\$ _____	Electric Service		
Unemployment Compensation	\$ _____	\$ _____	Phone		
Child Support	\$ _____	\$ _____	Fuel (heat and/or gas)		
Public Assistance	\$ _____	\$ _____	Food		
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Clothing		
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	Medical		
<b>Total Monthly Income</b> (Your income plus family household members)	\$ _____		Child Support		
<b>Total Income in the past 12 months</b>	\$ _____		Auto Loan Payments		
Is your income in the last 30 days significantly different from your monthly income during the previous year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Property Taxes		
If YES, please explain the circumstances on the next page.			Insurance (include Health, Auto, etc.)		
			<b>Total Expenses</b>		
			\$ _____		
<b>Cash Assets</b>			<b>Other Assets</b>		
			Real Estate (Location)	Auto (Make, Model, Year)	
Cash On Hand	\$ _____				
Checking Account	\$ _____		Fair Market Value		
Savings Account	\$ _____		Outstanding Mortgage/Loan		
<b>Total Cash Assets</b>	<b>\$ _____</b>		<b>Net Value</b>		
			<b>\$ _____</b>		
<b>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.</b>					
<b>Additional Assets:</b>					
I have additional assets: Yes <input type="checkbox"/> No <input type="checkbox"/>				If Yes, describe them below	
<b>Vehicles</b>	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	

