

Juvenile Application and Affidavit for Public Defender Services

Juvenile Name _____ Birth Date _____

County/City _____ Cause Number _____

Charge _____

Parent/Guardian Name(s) _____

Parent/Guardian Social Security # _____

Parent/Guardian Address _____

Parent/Guardian Phone Number _____

Does your family receive any of the following aid? Yes No

AFCD Food Stamps Social Security

Welfare Other _____

Parent/Guardian: Please answer the following:

Are you employed? Yes No Where _____

How much do you make? \$ _____ per Hour Week Month

Any other income? (Describe) _____

Number of Dependents _____

I understand that I will be assessed a fee to defray the cost of this case and I promise to pay that fee to the Missouri State Public Defender System for legal services rendered.

Parent/Guardian Signature _____ Date _____

_____ appeared before me and swears that he/she signed this application/affidavit as his/her free act and deed and that the information on this application/affidavit is true. I have determined that the applicant is indigent/non-indigent.

Defender Signature _____ Date _____

NOTICE

EVERY PERSON CHARGED OR UNDER SUSPICION OF COMMITTING A CRIME IS ENTITLED TO HAVE 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, BUT YOU MUST MAKE THE REQUEST.

The State of Missouri will provide a lawyer for you, at your request, if you cannot afford to hire your own lawyer, in the following circumstances:

1. You are detained (being held) or charged with a felony, including appeals from a conviction in such a case;
2. You are detained (being held) or charged with a misdemeanor which will probably result in confinement in the county jail upon conviction, including appeals from conviction in such a case;
3. You are detained (being held) or charged with a violation of probation or parole;
4. If the federal constitution or the state constitution requires the appointment of counsel;
5. If you face a loss or deprivation of liberty and any law of this state requires the appointment of counsel.

IF YOU REQUEST A LAWYER TO BE APPOINTED FOR YOU, YOU MAY BE LIABLE TO THE STATE FOR THE COST OF THE SERVICES AND EXPENSES OF THE LAWYER WHO HANDLES YOUR CASE IF YOU ARE OR WILL BE ABLE TO PAY ALL OR ANY PART OF SUCH COSTS.

YOUR INCOME TAX REFUND MAY BE INTERCEPTED TO SATISFY THIS DEBT.

FEE SCHEDULE			
Case Code & Type	Early Disposition	Plea or Hearing	Trial or Extended Matter
10 Mur 1 Death (includes Appeal and PCR)	400	2,000	10,000
15 Mur 1 NDeath	400	2,000	6,000
20 Other Homicide	200	1,000	4,000
30 Felony A-B	100	500	2,000
35 Felony C-D	50	300	1,000
40 Misdemeanor	50	100	400
45 Misd Traffic	50	100	400
50 Juvenile Stat.	50	100	
52 Juvenile Crim	50	100	
54 PCR 24	50	200	500
59 PCR 29	50	1,000	2,000
65 Prob Violation/Other	50	100	200
Felony Appeal	100		1,000
Homicide (non-death) Appeal	150		2,000
Non-indigent Parent (Juvenile)	100	400	

** Additional identifiable case-related expense(s) _____

SUPPLEMENTAL APPLICATION FOR COURT APPOINTED ATTORNEY

Please fill in all applicable blanks.

(1) Gross wages, salary or other income \$ _____
 Paid weekly _____ bi-weekly _____ semi-monthly _____ monthly _____

(2) Deductions from gross income each pay period \$ _____

(3) Take home pay each period \$ _____

(4) Total gross income from tax returns for the last three calendar years

Year	Income

(5) Current monthly gross income of spouse or any person with whom you reside. \$ _____

(6) Monthly expenses:

a. Rent or mortgage \$ _____

b. Utilities \$ _____

c. Telephone \$ _____

d. Automobile expense \$ _____

(1) Car payment \$ _____

(2) Gas, oil and maintenance \$ _____

(3) Car insurance \$ _____

e. Payments on debts or loans \$ _____

f. Child support for children not in my custody \$ _____

g. Other living expenses

(1) Food \$ _____

(2) Clothing \$ _____

(3) Medical care \$ _____

(4) Prescription drugs \$ _____

(5) Dental care \$ _____

(6) Laundry and cleaning \$ _____

(7) School Expenses \$ _____

(8) Home maintenance \$ _____

(9) Day care \$ _____

(10) Other expenses \$ _____

Total - g (1) to g (10) \$ _____

Total of all monthly expenses \$ _____

AFFIDAVIT

I certify under penalty of perjury that the above income and expense statement is complete, true and accurate to the best of my knowledge and belief.

APPLICATION AND AFFIDAVIT FOR PUBLIC DEFENDER SERVICES

Name (Mr./Ms.): _____ Social Security No.: _____ - _____ - _____

County (case filed): _____ Case Number: _____

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

Phone number: (____) _____ - _____ Alternative number: (____) _____ - _____ D/O/B: ____/____/____

Email address: _____ Be advised electronic communication will be used by the Public Defender.

Are you requesting that a Public Defender be provided as your lawyer? yes no

1. What are your criminal charges? _____

2. Confined: How much is your bond? _____ What bond could you post? _____ Source of funds to post bond: _____

On bond: What bond did you make? _____ What has been actually paid so far? _____

Remaining payment agreement? _____ Source of funds? _____

3. Marital Status: (check one) Married Single Separated Widowed Divorced

4. Number of dependent children: _____ Age(s) _____

5. Do you have a job? _____ Where do you work? _____

How much do you make per hour? \$ _____ How many hours do you work per week? _____

If you don't have a job, how long has it been since you last worked? _____

6. Does your spouse have a job? _____ Where? _____ How much is your spouse paid per month? \$ _____ .00

7. MONTHLY INCOME

Your total work income \$ _____ .00
 Spouse total work income \$ _____ .00
 Alimony received \$ _____ .00
 Child support received \$ _____ .00
 Unemployment \$ _____ .00
 Social Security/pension \$ _____ .00
 Other income \$ _____ .00

8. ASSETS

Cash on hand \$ _____ .00
 Real estate (home/land) \$ _____ .00
 (*provide details below)
 Bank accounts \$ _____ .00
 Other assets \$ _____ .00
 Car(s) total value \$ _____ .00
 (**provide details below)

9. MONTHLY EXPENSES

Housing \$ _____ .00
 Credit cards \$ _____ .00
 Car payment \$ _____ .00
 Child support paid \$ _____ .00
 Alimony paid \$ _____ .00
 Utilities \$ _____ .00
 Child care \$ _____ .00
 Bank loans \$ _____ .00
 Personal \$ _____ .00
 Other, specify \$ _____ .00

* Real estate: Address and description: _____

Market value: _____ Equity: _____ Amount still owed on real estate: _____

**Car(s): How many? _____ Year/make/model(s): _____ Amount still owed on car(s): _____

10. Are you currently a student? _____ Where? _____ If so, who pays your tuition? _____

11. How much money can you get to hire a lawyer? \$ _____ Source of funds? _____

12. Are you less than 18 years old? _____ If you are less than 18 years old, complete the rest of #12; and Parent/Guardian fill out #s 7, 8, and 9.

Father's name: _____ His monthly income: \$ _____ .00 His SS# _____ - _____ - _____

Mother's name: _____ Her monthly income: \$ _____ .00 Her SS# _____ - _____ - _____

With whom do you live? _____ What is your relationship to this person? _____

13. Have you ever been represented by a lawyer? _____ Who and when? _____

Be advised:

- Lying on this application constitutes a crime.
- The Public Defender may contact government agencies, credit bureaus, employers, banks, or financial institutions to verify your financial situation.
- If accepted, you are entitled to your case file at the conclusion of your case, including any appeal. If you request your case file, the file is then your responsibility. If you do not request your file within 10 years from the year your case is concluded, your file may be destroyed.
- After your case is completed, fees for Public Defender services will be charged (see table of fees on next page).
- You must date and sign this form and return it to the Court or Public Defender to complete your request for a Public Defender.

APPLICANT SIGNS HERE → _____ Date: _____

_____ appeared before me and swears that he/she signed this application/affidavit as his/her free act and deed and that the information on this application/affidavit is true.

Date _____ Defender/Witness Signature: _____

FOR PUBLIC DEFENDER USE ONLY:

Date: _____ Charge(s): _____ Indigent: Not Indigent:

Comment: _____

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, but you must make the request.

The State of Missouri will provide a lawyer for you, at your request, if you cannot afford to hire your own lawyer, in any of the following circumstances:

1. You are detained (being held) or charged with a felony, including appeals from a conviction in such a case;
2. You are detained (being held) or charged with a misdemeanor which will probably result in confinement in the county jail upon conviction, including appeals from conviction in such a case;
3. You are detained (being held) or charged with a violation of probation and the judge determines your due process rights require it;
4. If the federal constitution or the state constitution requires the appointment of counsel;
5. If you face a loss or deprivation of liberty and any law of this state requires the appointment of counsel.

If you are at least 18 years old and request a lawyer, you may be liable to the state for a public defender fee.

Your income tax refund and lottery winnings may be intercepted to satisfy this debt.

NOTICE OF INTENT TO FILE CLAIM FOR LEGAL SERVICES

At the conclusion of public defender representation on the charge(s) pending against the defendant, the Public Defender will request that the Court enter a judgment in favor of the State of Missouri for legal services rendered by the Public Defender. The amount of judgment will be based upon the following fee schedule.

SCHEDULE OF CHARGES Effective July 1, 2014	
Early Withdrawal	\$25
Misdemeanor	\$125
Probation Violation	\$125
Felony	\$375
Felony Sex Case	\$500
Murder (non-death penalty)	\$750
Murder (death penalty)	\$1,500
Appeal	\$375
Post-Conviction Relief Motion	\$375
Sexually Violent Predator Commitment	\$750

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