

## APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM

Pursuant to §21-1-103(3), C.R.S., a processing fee of \$25.00 may be collected by the court upon final disposition of this case.

Case Number: \_\_\_\_\_ Courtroom: \_\_\_\_\_ District: \_\_\_\_\_

Most serious charge: \_\_\_\_\_ Next hearing date/Type: \_\_\_\_\_

**All sections must be completed. Type or Print neatly. If an item does not apply, write N/A.**

<b>Applicant</b> Name: _____ Mailing Address: _____ Street Address: (if different) _____ City, State, Zip Code: _____ Phone Number: _____ Soc. Sec. No.: _____ Date of Birth: _____ Drivers License No.: _____ State: _____	<b>Applicant's Employer</b> Company: _____ Mailing Address: _____ Street Address: (if different) _____ City, State, Zip Code: _____ Phone Number: _____ Position: Length of Employment: _____ Hours/Week: _____ Pay Dates: _____ Pay Rate: \$ _____
<b>Other Household Members (Spouse, Partner, Parent, etc.)</b> Name: _____ Relationship to Applicant: _____ Mailing Address: _____ Street Address: (if different) _____ City, State, Zip Code: _____ Phone Number: _____ Soc. Sec. No.: _____ Date of Birth: _____ Drivers License No.: _____ State: _____	<b>Other Household Member's Employer</b> Company: _____ Mailing Address: _____ Street Address: (if different) _____ City, State, Zip Code: _____ Phone Number: _____ Position: Length of Employment: _____ Hours/Week: _____ Pay Dates: _____ Pay Rate: \$ _____

**Marital Status:**    Single    Married    Partner in a Civil Union    Separated    Divorced/Civil Union Dissolved

Total of Number of Dependents (including yourself) \_\_\_\_\_

Gross Monthly Income (See definitions on page 2 for further information.)	Amount	Monthly Expenses (See definitions on page 2 for further information.)	Amount
Self (wages, salary, commission)	\$ _____	Rent/Mortgage	\$ _____
Spouse/Partner/Other Household members	\$ _____	Groceries	\$ _____
Parents (if same household)	\$ _____	Utilities	\$ _____
Unemployment Benefits	\$ _____	Clothing	\$ _____
Social Security/Retirement Funds	\$ _____	Maintenance (Spousal/Partner Support) and/or Child Support	\$ _____
Maintenance (Spousal/Partner Support)	\$ _____	Medical/Dental	\$ _____
Other Income (see Page 2)	\$ _____	Other Expenses (identify source)	\$ _____
Other Income (see Page 2)	\$ _____	Other Expenses (identify source) Total Expenses	\$ _____
<b>Total Household Income</b>	<b>\$ _____</b>	<b>Total Expenses</b>	<b>\$ _____</b>
<b>Assets</b>	<b>Amount</b>	<b>Description</b>	
Savings Account Balance	\$ _____	Name of Bank: _____	
Checking Account Balance	\$ _____	Name of Bank: _____	
Value of Vehicles	\$ _____	Year and Model: _____	
Value of Recreation Vehicles	\$ _____	Amount Owed: _____	
Value of House	\$ _____	Type: _____	

Value of Other Property	\$ _____	Type: _____
Value of Stocks, Bonds, Mutual Funds	\$ _____	Type: _____
Value of Other Investments	\$ _____	Year and Model: _____
<b>Total Assets</b>	<b>\$ _____</b>	<b>Convertible to Cash = \$ _____</b>

**References:**

1. Name/Address/Phone: \_\_\_\_\_

2. Name/Address/Phone: \_\_\_\_\_

**Guideline:**

At or below **or**  Above **or**  Automatically eligible for PD/GAL/RPC ( In custody &/or bond allowed  Out on bond)  
**or**  Refer to scoring instrument (Criminal, Misdemeanor, Traffic, Juvenile Delinquency cases)

Signature of investigator/clerk/PD: \_\_\_\_\_ Date: \_\_\_\_\_

I swear under penalty of perjury that the above-contained information is true and complete. I also understand that if the court grants this request, I may later be ordered to reimburse the State of Colorado for attorney fees spent on my behalf.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Judicial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Request:  Granted **or**  Denied

**APPLICATION FOR PUBLIC DEFENDER, COURT-APPOINTED COUNSEL, OR GUARDIAN AD LITEM**  
**General Information**

**It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.**

**A. Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.

**\*Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman's Compensation Benefits, and alimony.

**Note:** Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant's income in a fashion which would allow the applicant proprietary rights to the roommate's income.

**\*Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran's benefits earned from a disability, child support payments, or other public assistance programs.

**B. Liquid Assets.** Includes cash on hand or in accounts, stocks bonds, certificates of deposit equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant's ability to maintain home and employment.

**C. Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., shall not be included. Allowable expense categories are listed on this form.

**If you are applying to have your filing fee waived you may be asked to supply:**

- Copies of the previous three months bank statements, including checking and savings. **Do NOT provide originals.**
- Copies of the previous three months pay stubs and/or proof of income must be included. **Do NOT provide originals..**