



State of Minnesota

Application for a Public Defender

County: _____ Court File No.: _____ Judicial District: _____

Level of Offense: Misdemeanor _____ Gross Misd. _____ Felony _____ Probation Violation _____ Other _____

Name: _____ Date of Birth: _____ SSN _____

Permanent Address: _____

Temporary Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ e-mail _____

READ THIS BEFORE YOU FILL IN THE FORM

- If you need help, do not understand a question, or have difficulty reading ask court personnel for help, or refer to the instructions below.
Only people who cannot afford an attorney are eligible to have a public defender represent them.
The judge may ask you to explain, under oath, any of your answers, or any questions you leave blank.
Even if you are found eligible for a public defender, you may be required to pay some amount toward the cost of your representation.
If you are eligible for a public defender the Court may impose a \$75 co-payment separate from any other reimbursement that is ordered.
If you fail to pay the court-ordered reimbursement or co-payment, the Court may refer your case to the Minnesota Department of Revenue for collection of the unpaid amount. This could affect any Minnesota income tax refund, property tax refund, or rent credit that you may be entitled to.
You have a continuing duty to disclose to the court any changes in your financial circumstances.
I understand that the judge may ask a broad range of questions about my financial circumstances to determine whether I am financially unable to afford counsel, including questions about the income and assets of a live-in girlfriend/boyfriend.

Instructions for completing the questions on this form:

- A. ADDRESS: where you are staying, if you are at a temporary address (for instance, if you are prohibited from returning to your residence), and also the complete address of where you get your mail.
B. PHONE NUMBERS, E-MAIL: Your attorney needs to be able to contact you at all times, especially by phone. You should include any number that you can be contacted at, including message phones. If you are not the owner of a number, please include the name of the person who is.
1. MEANS TESTED PUBLIC ASSISTANCE: List only for you, and any of your legal dependents who live with you; specify type of assistance received, who receives it, and the amount. A means tested benefit (including cash, medical, housing, and food assistance and social services) is one in which the eligibility for benefits, or the amount of such benefits, or both are determined on the basis of income, resources, or financial need.
7. GROSS INCOME: Income before taxes and other deductions are taken out.
1 and 15. DEPENDENTS: Someone that you are otherwise legally responsible for, generally a biological, step or legally adopted child age 18 or younger, but may also include a disabled family member living with you.
14. OTHER INCOME OR MEANS OF SUPPORT: Such as from a parent, court settlement or a business you own. If so, indicate that here and provide a description of the income.

1 Under Minnesota case law, State v. Jones, 772 NW2nd 496 (Minn. 2009), the Court may consider the income and assets of a spouse or live in girlfriend/boyfriend in determining eligibility for a public defender.

17. **OTHER ASSETS:** Include anything that can be sold, pawned or pledged for cash, such as all vehicles, boats, snowmobiles, motorcycles, ATVs, bonds, real estate or real property not previously listed, etc. Please provide specific information here, including a description of the asset, make/model/value and the amount of any loan on the asset.

19. **HOUSING COSTS YOU PAY:** If you own your home, please be sure to include *what your home is worth* and the *amount remaining on your loan*. If you share rent, list only the portion you pay.

PLEASE PRINT YOUR ANSWERS

1. Do you or a dependent who lives with you receive any form of means tested public assistance? YES ___ NO ___

a) If you answered YES what benefit is received?

SSI ___ Food Stamps ___ TANF ___ General Assistance ___ Medical Assistance ___ MFIP ___ Minnesota Supplemental/Emergency Assistance (MSA) ___ Other ___ (Please List) _____

b) If a dependent living with you receives means tested benefits, how are they related to you?

2. Have two attorneys refused to handle your case because you could not afford their fees? YES ___ NO ___

a) If you answered YES, what were the fees: 1) \$ _____, 2) \$ _____

b) If you answered YES, please give their names: 1) _____, 2) _____

c) Were these lawyers on a list given to you by the Court? YES ___ NO ___

EMPLOYMENT and INCOME

3. Are you currently working? YES ___ NO ___

4. What is your employer's name, address and telephone number?

Name: _____ Address: _____ Phone: _____

5. What type of work do you do? _____ How long _____?

6. Your wage: \$ _____/hourly Hours worked per week: _____

7. What is your total monthly gross income? \$ _____ Net monthly Income (take home) \$ _____

8. What is your marital status? MARRIED ___ SINGLE ___ SEPARATED ___ DIVORCED ___

9. What is your spouse's name? _____

10. Is your spouse working? YES ___ NO ___

11. What is your spouse's employer's name, address and telephone number?

Name: _____ Address: _____ Phone: _____

What types of work does your spouse do? _____ How long _____?

12. Spouse's wage: \$ _____/hourly Hours worked per week: _____

13. What is your spouse's monthly gross income? \$ _____ Net income (take home) \$ _____

14. List all other income (money) received by you and or your spouse from all other sources.

<u>Source of Income (Please List)</u>	<u>Amount</u>
	\$
	\$
	\$
	\$

Additional Sources of Income: _____

DEPENDENTS

15. How many dependent children do you have? _____

a) How many dependent children live with you ____? Please list.

<u>Dependent(s) Name</u>	<u>Age</u>	<u>Dependent(s) Name</u>	<u>Age</u>

b) Additional Dependents (Not living with you): _____

PROPERTY AND ASSETS

16. If you and or your spouse own or are buying any property listed below, fill in the information about that property on the rest of the line.

<u>Property Owned or Buying</u>	<u>Make and Model</u>	<u>Present Value</u>	<u>Amount You Owe On It</u>
House or Mobile Home		\$	\$
Automobile(s)		\$	\$
Other vehicles		\$	\$
Recreational vehicles or boats		\$	\$
Other real estate		\$	\$
Other property(List):			
1)		\$	\$
2)		\$	\$
3)		\$	\$
4)		\$	\$
List Additional: _____			
_____		\$	\$

17. If you, and/or your spouse, own any other assets please fill in the information about that asset on the rest of the line.

<u>Assets</u>	<u>Value</u>
Cash on hand	\$
Balance in all bank accounts	\$
Total tax refund(s) coming	\$
Stocks, bonds, IRA's other annuities	\$
Retirement accounts	\$
Other assets: Please list-	\$
1)	\$
2)	\$
3)	\$
List additional: _____	
_____	\$

18. Have you transferred ownership in any property since the date of your alleged offense? YES ____ NO ____

a) If you answered YES to question 18 what was the property and its value? _____

EXPENSES

19. Please list your monthly expenses.

<u>Your Monthly Expenses</u>	<u>Amount Spent Monthly</u>
Housing: Rent ___ Mortgage _____	\$ _____
Groceries	\$ _____
Utilities (heat, lights, water, phone, etc.)	\$ _____
Car/Vehicle payment	\$ _____
Other Transportation Costs (bus, gas, etc.)	\$ _____
Insurance (life, house, auto etc.)	\$ _____
Employment Expenses (tools, fees, dues)	\$ _____
Education Expenses (tuition, books)	\$ _____
Medical Expenses	\$ _____
Child Care	\$ _____
Child Support and Alimony	\$ _____
Student or Personal Loans	\$ _____
Other:	\$ _____
1)	\$ _____
2)	\$ _____
3)	\$ _____
4)	\$ _____
Additional: _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

20. Do you have any special circumstances that you feel should be considered by the Court in deciding whether to appoint a public defender? YES ___ NO ___ If YES, explain _____

By signing this Affidavit, I am certifying that these statements are true under penalty of perjury. I understand that if I provide false information on the form it may lead to criminal charges. I understand that failure to execute the form or failure to provide information or financial records constitutes a waiver of the right to the appointment of a public defender. I am authorizing that the facts contained in this Affidavit may be verified by any means required.

Applicant's Signature: _____ Date: _____

-----Applicant Do Not Fill Out Below This Line-----

Signed and sworn to before me on: ___/___/___/

Deputy/Notary