

WESTMINSTER MUNICIPAL COURT APPLICATION FOR COURT-APPOINTED COUNSEL

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.

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

Date

Defendant's Signature

All sections must be completed as fully as possible. Please print. If an item does not apply, write N/A.

APPLICANT (DEFENDANT)	APPLICANT'S EMPLOYER
Name _____	Company _____
Mailing Address _____	Address _____
Street Address (if different) _____	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone number _____	Length of Employment _____ Hours/Week _____
Birthdate _____	Pay Dates: _____ Pay Rate: \$ _____

Other Household Members (Spouse, Partner, Parent, etc.)	Other Household Member's Employer
Name _____	Company _____
Relation to Applicant _____	Address _____
Address _____	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone number _____	Length of Employment _____ Hours/Week _____
Birthdate _____	Pay Dates: _____ Pay Rate: \$ _____

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

Total Number of Dependents (including yourself): _____

GROSS MONTHLY INCOME	AMOUNT	MONTHLY EXPENSES	AMOUNT
Self (wages, salary, commission)	\$	Rent/Mortgage	\$
Spouse/Partner/Other Household Members	\$	Food	\$
Parents (if same household)	\$	Utilities	\$
Guardian	\$	Clothing	\$
Unemployment Benefits	\$	Maintenance (Spouse/Partner Support) and/or Child Support)	\$
Social Security/Retirement Funds	\$	Medical/Dental	\$
Maintenance (Spousal/Partner Support)	\$	Other Expenses (Identify Source)	\$
Other Income	\$	Other Court-Ordered Expenses	\$
Total Household Income	\$	Total Monthly Expenses	\$

ASSETS	AMOUNT	DESCRIPTION
Savings Account Balance	\$	Bank Name: _____
Checking Account Balance	\$	Bank Name: _____
Value of Vehicles	\$	Vehicle Year and Model: _____
Value of House	\$	Amount Owed: \$ _____
Value of Stocks, Bonds, Mutual Funds	\$	Type: _____
Value of Other Property	\$	Type: _____
Value of Other Investments	\$	Type: _____
Other Assets	\$	Type: _____
Total Assets	\$	Convertible to Cash = \$ _____

Case No. _____

ORDER OF THE COURT

Public Defender approved Public Defender denied Fee assessed Fee waived

Partially indigent. Pay \$ _____ per hour for Public Defender.

Date: _____

Judge: _____