

STATE OF MICHIGAN

CASE NO. _____

**REQUEST FOR APPOINTMENT OF
ATTORNEY**

Defendant's Name and Address: _____

EMAIL: _____

TELEPHONE: _____

The defendant requests the appointment of an attorney and submits the following information:

1. CHECK ALL THAT APPLY

- ☐ I am under the age of 18. ☐ I receive public assistance.
☐ I am currently serving a sentence in jail or prison. ☐ I am receiving residential treatment in a mental health substance abuse facility.

2. CHARGE: _____

☐ Misdemeanor ☐ Felony ☐ Paternity

3. RESIDENCE

☐ Live with relative(s)
☐ Rent ☐ Own ☐ Room/Board

NEXT HEARING: _____

4. MARITAL STATUS

BAIL AMOUNT: \$ _____ ☐ Bond Posted

☐ Single ☐ Divorced ☐ Dependents: _____
☐ Married ☐ Separated #

5. INCOME Employer Name and Address _____

Length of Employment _____

Average take-home pay \$ _____
☐ weekly ☐ monthly ☐ every two weeks

Other Income (State monthly amount and source: MDHHS, VA, rent, pensions, spouse, unemployment) _____

6. ASSETS (State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc.) _____

7. OBLIGATIONS (Itemize monthly rent, installment payments, mortgage payments, child support, ect.) _____

8. ATTORNEY COSTS I understand that a decision will be made on whether I can afford an attorney. I understand that I may be required to contribute to the costs of an attorney. I understand that I may contest my ability to pay any ordered costs if the court attempts to collect any costs for an attorney, and the court must determine whether and how much, if any amount, I would be required to pay based on my ability to pay at that time.

Dated: _____

Signature: _____

☐ I **DO NOT** REQUEST AN APPOINTED ATTORNEY AT THIS TIME. _____

Signature Required

9. AFTER REVIEW:

☐ **INDIGENT**

☐ **PARTIALLY INDIGENT**

☐ **DENIED**

DATED: _____

Matthew D. Nave: _____

Public Defense Administrator