

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