

DIVISION OF PUBLIC DEFENDER SERVICES STATE OF CONNECTICUT

APPLICATION FOR APPOINTMENT OF COUNSEL

PD100 rev. 01/2022

NOTICE: THE INFORMATION REPORTED ON THIS FORM IS SUBJECT TO VERIFICATION. IF THE PUBLIC DEFENDER DETERMINES THAT YOU ARE NOT ELIGIBLE FOR PUBLIC DEFENDER SERVICES, YOU MAY APPEAL THE DECISION TO THE COURT.

ELIGIBLE: _____ INELIGIBLE: _____ DATE: _____

PERSONAL

NAME: _____ DOB: _____ AGE: _____

NAME OF PARENT OR GUARDIAN (IF MINOR): _____

ADDRESS: _____ TELEPHONE: _____

STATUS: SINGLE: ☐ MARRIED: ☐ DIVORCED: ☐ SEPARATED ☐ SOC. SEC.: _____

NUMBER OF CHILDREN YOU SUPPORT: _____ OTHERS: _____ TOTAL DEPENDENTS: _____

OTHER ADULTS IN HOUSEHOLD: _____ RELATIONSHIP(S): _____

CHARGES: _____

INCOME

EMPLOYER: _____ NET WEEKLY WAGES: \$ _____

PUBLIC ASSISTANCE: STATE: ☐ CITY: ☐ AMOUNT (WK/MO): \$ _____

SOCIAL SECURITY: ☐ NET AMOUNT: \$ _____

UNEMPLOYMENT COMP: ☐ EXPIRATION DATE: _____ NET AMOUNT: \$ _____

WORKERS COMP: ☐ EXPIRATION DATE: _____ NET AMOUNT: \$ _____

OTHER INCOME OR BENEFITS (TYPE): _____ NET WEEKLY AMT: \$ _____

SPOUSE OR HOUSEHOLD MEMBER EMPLOYED OR RECEIVING INCOME

(EMPLOYER: _____) NET WEEKLY AMT: \$ _____

TOTAL WEEKLY INCOME: \$ _____

ASSETS

CASH ON HAND IN BANKS (SELF OR SPOUSE): _____ AMOUNT: \$ _____

VALUE OF HOME IF OWNED: _____ MORTGAGE: _____ EQUITY: \$ _____

VEHICLES OWNED OR LEASED (YEAR & MAKE): _____ VALUE: \$ _____

OTHER ASSETS OR PROPERTY (TYPE): _____ VALUE: \$ _____

CASH BAIL POSTED: _____ AMOUNT: \$ _____

TOTAL ASSETS: \$ _____

EXPENSES

ALIMONY, SUPPORT OR JUDICIALLY ORDERED PAYMENTS: _____ WEEKLY AMOUNT: \$ _____

DAYCARE EXPENSES: _____ WEEKLY AMOUNT: \$ _____

MEDICAL EXPENSES: _____ WEEKLY AMOUNT: \$ _____

OTHER EXTRAORDINARY EXPENSES (TYPE _____) WEEKLY AMOUNT: \$ _____

OTHER

PENDING LAWSUIT SEEKING MONETARY DAMAGES? YES ☐ NO ☐ ATTORNEY: _____

OTHER CRIMINAL CASES PENDING? YES ☐ NO ☐ ATTORNEY: _____

CREDIT CARD READY TO RETAIN COUNSEL - CREDIT CARD? _____ ABILITY TO SECURE LOAN? _____

TOTAL WEEKLY INCOME: \$ _____

I, the undersigned, hereby swear under oath that the information on this application is true and accurate. I understand that a false statement on this application is punishable by a fine up to \$1,000 and/or imprisonment up to one (1) year under the laws of the State of Connecticut.

Yo, el suscrito, declaro bajo juramenta que información en esta aplicación es verdadera y exacta. Yo entiendo que cualquier declaración falsa en esta aplicación es castigada con una multa que puede llegar hasta \$1,000, y/o encarcelamiento hasta un (1) año bajo las leyes del Estado de Connecticut.

Applicant's Signature

Subscribed and sworn by the applicant on this _____ day of _____, 20____

Authorized Signature, § 1-24(15), C.G.S.

INTERPRETER: _____

NAME: _____