STATE OF OREGON

COUNTY OF _____

Case No. _____

Charges: _____

☐ Spouse Victim ☐ In Custody

AFFIDAVIT OF ELIGIBILITY* and REQUEST FOR COURT-APPOINTED COUNSEL

(Not Public Information)

Case Name: _____ **Case Type:** _____

(ONLY IF NOT CRIMINAL OR PV)

I am asking for appointment of an attorney in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependent family. The following information is complete and accurate to the best of my knowledge, and I ask the court to use the information to decide whether I or my child can have an appointed attorney and payment of other defense costs at public expense. I understand that I can be required to document or verify this information. I understand that failure to do so could result in my request being denied, or if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth, I can be required to repay the cost to the state for providing court-appointed counsel and/or I can be charged with a crime, and if convicted, I can be incarcerated.

BE SURE TO READ THE "ADVICE OF RIGHTS" FORM

PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU - IF SOMETHING DOES NOT APPLY, WRITE "NA"

1. PERSONAL

Last First Middle

Full Name of Applicant _____

Residence Address _____ City _____ State _____ Zip Code _____

Mailing Address (If different) _____ City _____ State _____ Zip Code _____

Telephone No. _____ DOB: _____ SSN: _____ ODL/ID: _____

Sex: ☐ Female ☐ Male **Marital Status** ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Other _____

List the following information for everyone living in your household:

Name	Relationship	Age	Monthly Net Income

2. EMPLOYMENT AND INCOME

Present employer _____ How long _____ Occupation _____

Address _____ Telephone No. _____

Hourly Wage _____ Average hours per week _____ Net (after tax) monthly income _____

Amount of Last Check: _____ If unemployed, how long since last employment _____

Previous employer _____ How long _____ Occupation _____

Address _____ Net (after tax) monthly income _____

Spouse's employer _____ How long _____ Occupation _____

Address _____ Telephone No. _____

Hourly Wage _____ Average hours per week _____ Net (after tax) monthly income _____

Amount of Last Check: _____ If unemployed, how long since last employment _____

Other income for you and spouse, dependents or household members; for example, Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, etc.:

Source of Income - DESCRIBE	Amount	How long received	How often received

Other household members who help pay for your living expenses:

Name	Amount	Payment for what? - DESCRIBE

3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS

Cash _____ If in custody, amount in jail or trust account _____

Savings Account No. _____ Balance _____ Bank/Branch Office. _____

Checking Account No. _____ Balance _____ Bank/Branch Office. _____

Other Account No. _____ Balance _____ Bank/Branch Office. _____

Real Estate:

Address, City	Year of Purchase	Purchase Price	Value	Amount Owed	Real Estate Payments Made to:

Credit Cards:

Card Name/Bank	Account No.	Current Balance	Credit Limit

Motor Vehicle:

Year, Make, Model	Value	Amount Owing	Vehicle Payments Made to

Are any of these motor vehicles used for work (other than driving to and from work)? ☐ Yes ☐ No

All other property or assets; for example, luxury items, antiques, boats, guns, jewelry, tools, etc.:

Description	Value	Description	Value

Money owed to you or spouse by others; for example, tax refund, trust, settlement, judgment, etc.:

Name of Debtor	Amount Owed	Date Expected

4. MONTHLY EXPENSES - List all expenses that are paid monthly by you individually or by you jointly with spouse:

Rent/Mortgage _____ Utilities _____ Food _____ Credit Card Payment(s) _____ Medical Debts _____

Car Payments _____ Insurance _____ Court-ordered fines/fees _____ Other _____ _____

Child Care _____ Child Support _____ Name of children/ages: _____

5. APPLICANT HISTORY

I have _____ security/bail posted on this or other pending cases.

Have you ever requested a court-appointed attorney before this application? ☐ Yes ☐ No

If "yes," my request for a court-appointed attorney was: ☐ Approved ☐ Denied

In which county was your request? _____ Date _____ Charge(s) or type of case _____

I understand that I may be required to pay a $20 application fee for the processing of this application. If I receive the services of a court-appointed attorney. I understand that I may be required to pay a contribution amount and/or I may be required to reimburse the state for reasonable court-appointed attorney fees and costs regardless of the outcome of the case. Any order for payment of these fees or costs will be based upon my financial ability to pay such fees and costs. I understand I may request the court waive all or part of the potential fees and costs.

I acknowledge receipt of the Advice of Rights form by initialing as follows: _____

I certify and affirm that I have read the information contained in this form, personally completed this application or requested its completion, and that all statements contained herein are true and complete.

_____
DATE

_____
SIGNATURE OF APPLICANT

☐ Applicant has completed this affidavit.

☐ Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

_____
CLERK OF COURT

ORIGINAL: Court File or Verification

COPIES: Verification or Court File
Applicant
Court-Appointed Counsel

Reset Form