

STATE OF OREGON

Marion County

AFFIDAVIT OF ELIGIBILITY AND REQUEST FOR COURT-APPOINTED COUNSEL FOR CRIMINAL NON-SUPPORT AND PROBATION VIOLATION

Case No.: _____

Charge(s): _____

(Non-payment of fees cases only)

STATE OF OREGON, PLAINTIFF	V.	DEFENDANT
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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"

Full Name _____
FIRST MIDDLE LAST

Address _____
STREET ADDRESS

CITY STATE ZIP Telephone No. (_____) _____
AREA CODE

Date of Birth _____ Sex: Female Male Social Security No. _____
MONTH / DAY / YEAR

Married Single Separated Divorced Other _____

List the following information for everyone living in your household:

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

If "yes," which county? _____ Date _____ Charge(s) _____

Have you ever been denied a court-appointed attorney? Yes No

If "yes," which county? _____ Date _____ Charge(s) _____

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 _____, 200__.

CLERK OF COURT