

General Instructions

COURT APPOINTED ATTORNEY APPLICATION PACKET

The use of this application packet is limited to adult/juvenile applicants who are charged with crimes with the possibility of jail time, including misdemeanors, felonies, contempt charges, probation violations, or those who face extradition proceedings. It also includes the parents of a child/ward in a dependency or termination of parental rights case. The application packet includes the Advice of Rights, the Release to Obtain Information for Verification and the Affidavit of Eligibility.

ADVICE OF RIGHTS

The purpose of this form is to advise the applicant of his/her rights throughout the process of application and verification for court-appointed counsel. This form is for the applicant to keep for his/her records.

RELEASE TO OBTAIN INFORMATION FOR VERIFICATION

The purpose of this form is to allow the court authorization to obtain information from any source other than the applicant. This form has four separate sections as follows:

Section 1 explains the purpose of the release.

Section 2 authorizes the court or its designee to directly contact the applicant's current employer and to utilize the applicant's address and Social Security number.

Section 3 is used to contact all agencies/individuals other than the State Employment Department.

Section 4 is used to verify State Employment Department records.

ADULT CRIMINAL MATTERS (including juveniles charged as an adult) Section 2, 3, and 4 will need to be completed by the applicant.

JUVENILE MATTERS If the juvenile is under 18 years of age, Section 2, 3, and 4 will need to be completed by the custodial parent. If the juvenile is 18 years or older, Section 2, 3, and 4 will need to be completed by the juvenile applicant.

If the applicant refuses to sign this form, the applicant is presumed to be non-compliant with the Verification Program.

AFFIDAVIT OF ELIGIBILITY

ADULT CRIMINAL MATTERS (including juveniles charged as an adult) This form will need to be completed by the applicant.

JUVENILE MATTERS If the juvenile is under 18 years of age, this form will need to be completed by the custodial parent. If the juvenile is 18 years or older, this form will need to be completed by the juvenile applicant.

PLEASE MAKE SURE ALL LINES ARE COMPLETE. IF YOU ARE SUBMITTING THESE FORMS IN PERSON, THE SIGNATURE LINE WILL NEED TO BE WITNESSED BY THE COURT CLERK. THEREFORE, IT WILL BE NECESSARY TO LEAVE THE SIGNATURE LINE BLANK. IF YOU ARE SUBMITTING THESE FORMS BY MAIL, THE SIGNATURE LINE WILL NEED TO BE WITNESSED BY A NOTARY PRIOR TO MAILING.

THE COMPLETED DOCUMENTS MAY BE BROUGHT OR MAILED TO

Linn County Courts
300 - 4th Ave
P O Box 1749
Albany, Oregon 97321

FAILURE TO PROVIDE THESE DOCUMENTS MAY CAUSE A DELAY OR DENIAL OF YOUR APPOINTMENT OF COUNSEL.

ADVICE OF RIGHTS

Right to Be Represented By Counsel, Eligibility for Court-Appointed Counsel, Application Fee, and Contribution Amount

You (or your child in a juvenile delinquency, dependency, or termination of parental rights case) have the right to have an attorney represent you in court on this matter. You may be financially eligible to have an attorney appointed by the court.

The court may require you to pay a \$20 Application Fee to determine whether you are eligible for court-appointed counsel. This fee is due even if your request for appointment of counsel is denied. Payment of this fee is due in full today. This fee may, in limited circumstances, be waived.

The court will determine if you can afford to hire an attorney. If you are eligible to have an attorney appointed, the court will determine whether you are "eligible and indigent" or "eligible and able to contribute." If you have some available cash or liquid assets, but not enough to privately hire your own attorney, you may be ordered to pay a Contribution Amount to the court toward the cost of having court-appointed counsel.

If you are ordered to pay an Application Fee and a Contribution Amount, the amount ordered will be entered as a Limited or Supplemental Judgment in your case. Unless the Limited or Supplemental Judgment is later changed, you are required to pay these amounts regardless of the outcome of your case. Payment in full is due today.

You may request a hearing before the trial court at any time to contest any decision made on your application for appointment of counsel, including an order that you pay an Application Fee and a Contribution Amount. You also have a right to appeal a Limited or Supplemental Judgment ordering you to pay an Application Fee and a Contribution Amount. (See Notice and Advice of Right to Appeal [Form IDEF-402])

Appointment of counsel cannot be denied, delayed, or withdrawn because of failure to pay the Application Fee and Contribution Amount ordered.

Financial Information Required

In order for the court to decide whether you are eligible for court-appointed counsel, you must provide information about your income, expenses, property, debts, and dependents on a financial statement, called an "Affidavit of Eligibility" (form IDEF-200) or, in juvenile cases, a "Juvenile Uniform Application Contribution Affidavit" (form IDEF-500). Financial information on your spouse, if you have one, and others in your household may also be required. If you are charged with failure to pay court-ordered obligations, you may wish to talk to an attorney prior to completing the affidavit.

The financial information provided to the court will be reviewed. You (and generally your spouse) must sign releases of information. This allows the court to obtain information from others to verify your financial situation. You may also be asked to provide proof of debts, property, and income (such as recent wage stubs).

Your social security number is requested on the Affidavit of Eligibility. Your provision of this number is voluntary. You cannot be compelled to provide it nor denied court-appointed counsel for failure to provide it. However, providing your social security number will likely speed the processing of your request for court-appointed counsel. By providing your social security number, you are acknowledging that it may be used to verify your financial information, and it may be used for collection purposes.

Information you provide on the financial statement is held confidential from the general public. The releases of information allow your address to be given to court staff to update court records and allow verification of the financial information you provide. The information on the financial statement may be provided to the district attorney in limited circumstances (as noted below). The information you provide may be used by the court, the Oregon Department of Revenue, or their assignees, for the purpose of collecting delinquent amounts owed to the state.

Changes in Your Financial Situation and Possible Actions if You Provide False Financial Information

If your financial situation changes during your case, you must tell the court. The court may appoint counsel if counsel was previously denied, waive the Contribution Amount if an amount was ordered, or end the appointment of counsel.

If the court has reason to believe you knowingly provided false information, your financial statement may be sent to the district attorney for possible filing of criminal charges, your appointed attorney may be withdrawn and/or you may be required to repay the cost to the state of providing court-appointed counsel.

At the End of the Case—Recovery of Public Defense Costs

At the end of the case, you may be ordered to repay all or part of the cost of court-appointed services provided and not previously paid by you as a Contribution Amount. This is called "recoupment." Recoupment will be ordered if the court determines you are, or may be, financially able to repay these costs.

If you (or your child in a juvenile matter) are provided court-appointed counsel in any case in which the first accusatory instrument or petition was filed after January 1, 1998, you may, depending on your financial situation, be ordered to pay recoupment, regardless of the outcome of the case. If you are provided court-appointed counsel in a non-criminal case or in a limited number of criminal cases or probation violation proceedings in which the first accusatory instrument or petition was filed on or before January 1, 1998, you will not be ordered to pay recoupment unless you are convicted of a crime charged in the case.

If you are ordered to pay recoupment, any amount you have been ordered to pay as a Contribution Amount at the beginning of the case will offset or reduce the recoupment amount owed in the current action. Even if no recoupment is ordered, you will remain responsible for paying any \$20 Application Fee and a Contribution Amount previously ordered in a Limited or Supplemental Judgment that has not been paid, unless you petition the court for a full or partial waiver of the amount(s) previously ordered due to a change in your financial situation.

If your financial situation gets worse and you are unable to pay the recoupment amount or meet the schedule of payments ordered by the court, you may request a change in the repayment schedule or court order.

If you fail to pay the recoupment amount as ordered and

- payment was a condition of probation, in addition to contempt of court and civil judgment enforcement remedies set out below, you may be ordered to show cause why your probation should not be revoked, or
- payment was not ordered as a condition of probation, the court may order you to show cause why you should not be held in contempt of court or the court, the Department of Revenue, or their assignees may pursue collection of the recoupment amount. All civil judgment debtor protections and exemptions will be available to you.

STATE OF OREGON
Linn County

RELEASES TO
OBTAIN INFORMATION
FOR VERIFICATION

Case No(s). _____

SECTION 1

I understand that the court verifies my employment and financial situation to determine my eligibility for a court-appointed attorney. I understand that some of the information necessary for this verification is contained in records that may be protected by federal and state law. Because of this, I have signed releases below which allow public and private organizations and individuals to provide the court or its designee with requested information. I understand that organizations and individuals that may be contacted include, but are not limited to, those listed below:

- | | | |
|--|--------------------------------------|------------------------|
| ◆ Social Security Administration | ◆ State Department of Revenue | ◆ Mortgage Holders |
| ◆ Department of Motor Vehicles | ◆ Employment Department(s) | ◆ Utility Companies |
| ◆ Workers' Compensation Disability Provider | ◆ Adult and Family Services Division | ◆ Landlords |
| ◆ Private Disability Insurance Provider | ◆ Private Life Insurance Provider | ◆ Past Employers |
| ◆ Release Assistance Office | ◆ Credit Card Companies | ◆ Credit Bureaus |
| ◆ Banks, Savings and Loans, Credit Unions (requesting savings, stocks, bonds, checking, loan, and credit information including copies of applications) | | ◆ Schools and Colleges |
| | | ◆ OTHER _____ |

SECTION 2

Specifically, by signing this release, I authorize the court or its designee to directly contact my current employer(s) by telephone or in writing and to release and utilize my address and Social Security number, if provided, as needed by the court or its designee. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE

SIGNATURE OF APPLICANT

SECTION 3 RELEASE OF INFORMATION AUTHORIZATION

Name _____

Social Security No _____

Date of Birth _____

Verification Office
Linn County Courthouse
Room 107
Albany, OR 97321

I understand that my records may have information that is protected by federal and state law. By signing below, I am allowing the release of my records directly to the court or its designee named above. I understand the reason for the request and disclosure of my records. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release. A photocopy or facsimile (FAX) of my signature is as valid as the original.

DATE

SIGNATURE OF APPLICANT

SECTION 4 EMPLOYMENT DEPARTMENT RELEASE OF INFORMATION AUTHORIZATION

Name _____

Social Security No _____

Date of Birth _____

Verification Office
Linn County Courthouse
Room 107
Albany, OR 97321

I authorize the Employment Department, State of Oregon, to release to the court or its designee named above, information from my records on file with the Employment Department. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE

SIGNATURE OF APPLICANT

STATE OF OREGON
Linn COUNTY

___ PV ___ SPOUSE VICTIM ___ IN CUSTODY

CONFIDENTIAL DOCUMENT

Case No: _____
Charges: _____

AFFIDAVIT OF ELIGIBILITY* and
REQUEST FOR COURT APPOINTED ATTORNEY

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 attorney has already been appointed, the withdrawal of attorney. 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 attorney 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**

1. PERSONAL

Full Name of Applicant

FIRST NAME MIDDLE NAME LAST NAME

Residence Address

STREET ADDRESS Apt # CITY STATE ZIP

Mailing Address (if different)

Telephone No () DOB SSN ODL/ID
AREA CODE MONTH / DAY / YEAR

___ Own ___ Rent Length of time at this address No of persons living in household

Sex ___ Male ___ Female Marital Status ___ Married ___ Single ___ Separated ___ Divorced ___ Other

Name and Age of Children

2 EMPLOYMENT AND INCOME

Sources of income for you, spouse, dependents or household members for example, unemployment, child support, workers' compensation, disability, etc

Source of income - DESCRIBE

Source of income - DESCRIBE	Amount	How long received	How often received
TANF / Food Stamps	\$		
Social Security / SSI	\$		
Unemployment Benefits	\$		
Retirement (Pension, 401K, IRA)	\$		
Tribal Benefits	\$		
Spousal/Child Support Received	\$		
Other	\$		

IF Employed:

Present Employer How long Occupation

Address Telephone No ()

Hourly wage \$ Average hours per week Net (after tax) monthly income \$

If unemployed, how long since last employment Previous employer

How long Occupation Pension/401K/IRA

Spouse's Employer How long Occupation

Address Telephone No ()

Hourly wage \$ Average hours per week Net (after tax) monthly income \$

If unemployed, how long since last employment Previous employer

How long Occupation Pension/401K/IRA

3. MONTHLY EXPENSES (Total \$)

List all expenses that are actually paid monthly by you individually, or by you jointly with spouse:

LIVING EXPENSES	UTILITIES	TRANSPORTATION	MISCELLANEOUS
Rent/ Mortgage	Gas/Heat	Vehicle Payment	Medical
Food	Electrical	Insurance	Court Payment-Receipt
Credit Card	Water/Sewer	Vehicle Gas	Child Support Paid
Cable/Internet	Phone/ Cell Phone	Parking	Garnishment
Other	Trash/ Garbage	Bus	Child Care

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

Cash \$ _____ If in custody, amount in jail or trust account \$ _____
 Checking Account # _____ Bank/Credit Union _____ Balance \$ _____
 Savings Account # _____ Bank/Credit Union _____ Balance \$ _____
 Other Account # _____ Institution _____ Balance \$ _____

REAL ESTATE

Address (include city and state)	Purchase Year	Value	Amount Owed	Equity Available	Payments Made to
_____	_____	\$ _____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	\$ _____	_____

VEHICLES

Year, Make, and Model	Value	Amount Owed	Payments made to
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

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

MONEY OWED TO YOU BY OTHERS (tax refunds, judgments, trust funds, settlements, etc)

Name of Debtor Owng You Money	Amount Owed	Date Expected
_____	\$ _____	_____
_____	\$ _____	_____

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. Any order for payment of these fees or costs will be based upon my financial ability to pay. 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 my initials here: _____

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