

## APPLICATION AND AFFIDAVIT FOR PUBLIC DEFENDER SERVICES

Name (Mr./Ms.): \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 County (case filed): \_\_\_\_\_ Case Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternative number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ D/O/B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Email address: \_\_\_\_\_ Be advised electronic communication will be used by the Public Defender.  
 Are you requesting that a Public Defender be provided as your lawyer?  yes  no

1. What are your criminal charges? \_\_\_\_\_  
 2.  **Confined:** How much is your bond? \_\_\_\_\_ What bond could you post? \_\_\_\_\_ Source of funds to post bond: \_\_\_\_\_  
 **On bond:** What bond did you make? \_\_\_\_\_ What has been actually paid so far? \_\_\_\_\_  
 Remaining payment agreement? \_\_\_\_\_ Source of funds? \_\_\_\_\_  
 3. Marital Status: (check one)  Married  Single  Separated  Widowed  Divorced  
 4. Number of dependent children: \_\_\_\_\_ Age(s) \_\_\_\_\_  
 5. Do you have a job? \_\_\_\_\_ Where do you work? \_\_\_\_\_  
 How much do you make per hour? \$ \_\_\_\_\_ How many hours do you work per week? \_\_\_\_\_  
 If you don't have a job, how long has it been since you last worked? \_\_\_\_\_

6. Does your spouse have a job? \_\_\_\_\_ Where? \_\_\_\_\_ How much is your spouse paid per month? \$ \_\_\_\_\_ .00

7. MONTHLY INCOME	8. ASSETS	9. MONTHLY EXPENSES
Your total work income \$ _____ .00	Cash on hand \$ _____ .00	Housing \$ _____ .00
Spouse total work income \$ _____ .00	Real estate (home/land) \$ _____ .00	Credit cards \$ _____ .00
Alimony received \$ _____ .00	(*provide details below)	Car payment \$ _____ .00
Child support received \$ _____ .00	Bank accounts \$ _____ .00	Child support paid \$ _____ .00
Unemployment \$ _____ .00	Other assets \$ _____ .00	Alimony paid \$ _____ .00
Social Security/pension \$ _____ .00	Car(s) total value \$ _____ .00	Utilities \$ _____ .00
Other income \$ _____ .00	(**provide details below)	Child care \$ _____ .00
		Bank loans \$ _____ .00
		Personal \$ _____ .00
		Other, specify \$ _____ .00

\* Real estate: Address and description: \_\_\_\_\_  
 Market value: \_\_\_\_\_ Equity: \_\_\_\_\_ Amount still owed on real estate: \_\_\_\_\_  
 \*\*Car(s): How many? \_\_\_\_\_ Year/make/model(s): \_\_\_\_\_ Amount still owed on car(s): \_\_\_\_\_

10. Are you currently a student? \_\_\_\_\_ Where? \_\_\_\_\_ If so, who pays your tuition? \_\_\_\_\_  
 11. How much money can you get to hire a lawyer? \$ \_\_\_\_\_ Source of funds? \_\_\_\_\_  
 12. Are you less than 18 years old? \_\_\_\_\_ **If you are less than 18 years old, complete the rest of #12:**  
 Father's name: \_\_\_\_\_ His monthly income: \$ \_\_\_\_\_ .00 His SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Her monthly income: \$ \_\_\_\_\_ .00 Her SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 With whom do you live? \_\_\_\_\_ What is your relationship to this person? \_\_\_\_\_  
 13. Have you ever been represented by a lawyer? \_\_\_\_\_ Who and when? \_\_\_\_\_

- Be advised:**
- Lying on this application constitutes a crime.
  - The Public Defender may contact government agencies, credit bureaus, employers, banks, or financial institutions to verify your financial situation.
  - If accepted, you are entitled to your case file at the conclusion of your case, including any appeal. If you request your case file, the file is then your responsibility. If you do not request your file within 10 years from the year your case is concluded, your file may be destroyed.
  - After your case is completed, fees for Public Defender services will be charged (see table of fees on next page).
  - You must date and sign this form and return it to the Court or Public Defender to complete your request for a Public Defender.

**APPLICANT SIGNS HERE →** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ appeared before me and swears that he/she signed this application/affidavit as his/her free act and deed and that the information on this application/affidavit is true.

Date \_\_\_\_\_ Defender/Witness Signature: \_\_\_\_\_

**FOR PUBLIC DEFENDER USE ONLY:**

Date: \_\_\_\_\_ Charge(s): \_\_\_\_\_ Indigent:  Not Indigent:

Comment: \_\_\_\_\_

# NOTICE

**Every person charged or under suspicion of committing a crime punishable by jail or imprisonment is entitled to a lawyer. If you cannot afford to hire a lawyer, without substantial financial hardship to you or your dependents, the state will provide a lawyer for you, but you must make the request.**

The State of Missouri will provide a lawyer for you, at your request, if you cannot afford to hire your own lawyer, in any of the following circumstances:

1. You are detained (being held) or charged with a felony, including appeals from a conviction in such a case;
2. You are detained (being held) or charged with a misdemeanor which will probably result in confinement in the county jail upon conviction, including appeals from conviction in such a case;
3. You are detained (being held) or charged with a violation of probation or parole;
4. If the federal constitution or the state constitution requires the appointment of counsel;
5. If you face a loss or deprivation of liberty and any law of this state requires the appointment of counsel.

**If you request a lawyer to be appointed for you, you may be liable to the state for the cost of the services and expenses of the lawyer who handles your case if you are or will be able to pay all or any part of such costs.**

**Your income tax refund and lottery winnings may be intercepted to satisfy this debt.**

## NOTICE OF INTENT TO FILE CLAIM FOR LEGAL SERVICES

At the time of the final disposition of the charge(s) pending against the above named defendant, the Public Defender will request that the Court enter a judgment against the above named defendant in favor of the State of Missouri for legal services rendered by the Public Defender. The amount of judgment will be based upon the following fee schedule.

Case Code & Type		Early Disposition	Plea/Hearing or PCR Amended Motion	Trial or Extended Matter
10	Murder 1st Death (includes Appeal & PCR)	\$500	\$2,500	\$12,500
15	Murder 1st Non-Death	\$500	\$2,500	\$7,500
20	Other Homicide	\$250	\$1,250	\$5,000
30	Felony A-B	\$125	\$625	\$2,500
35	Felony C-D	\$65	\$375	\$1,250
45M	Misdemeanor	\$65	\$125	\$500
45T	Misdemeanor Traffic	\$65	\$125	\$500
50	Juvenile (all)	\$65	\$125	\$250
54	Post Conviction Relief 24	\$65	\$250	\$500
59	Post Conviction Relief 29	\$65	\$500	\$1,000
65	Probation Violation/Other	\$65	\$125	\$250
82	Direct Appeal & PCR Appeal	\$200	\$400	\$625
		Additional identifiable case-related expenses as incurred.		