

IN THE DISTRICT COURT OF CANADIAN COUNTY
STATE OF OKLAHOMA

STATE OF OKLAHOMA, Plaintiff,
vs.

Case No. _____

_____, Defendant
(first name middle name last name)

**APPLICATION FOR COURT-APPOINTED COUNSEL AND AFFIDAVIT REGARDING
ABILITY TO PAY**

[This affidavit and any supporting documents shall not be visible on a court-controlled website. 22 O.S. § 983(I)].

I am requesting court-appointed counsel. I understand that:

- I must fill in all blanks. Write “No” or “None” if a blank does not apply.
- A nonrefundable application fee of \$40 shall be paid to the court clerk at the time the application is submitted. The fee may be deferred if the Court determines that you do not have the financial resources to pay the fee at time of application. 22 O.S. § 1355A(A).
- I may be ordered to pay the costs for representation as provided by statute. 22 O.S. § 1355.14.

I, _____, SS# XXX-XX-_____,
Name
_____, Phone _____
Street Address City State

upon oath, do depose and state as follows:

GOVERNMENT BENEFITS

Do you receive (circle ALL that apply):

| | | | | |
|--------------------|---------------------|------------------------------------|-----|------|
| SNAP (food stamps) | WIC | TANF | SSI | SSDI |
| Tribal Disability | Veterans Disability | Section 8 (Housing Choice Voucher) | | |

Total amount of government assistance received (monthly): _____

Other housing assistance (be specific): _____

Other federal need-based support (be specific): _____

Proof is attached for the following programs: _____

PERSONS IN HOUSEHOLD

Is Person a Dependent?

Spouse: _____

Yes No

Children: _____

Yes No

Yes No

Yes No

Yes No

Others: _____

Yes No

Are you claimed as a dependent by a parent or guardian?

Yes No

If so, explain:

INCOME/EMPLOYMENT

Do not list any disability or other government benefits listed above.

Are you currently employed? Yes / No How long employed/unemployed? _____

Earnings (take home pay per month):

Highest Grade/Degree completed: _____

In the past ten (10) years, what was your longest term of employment? (employer/job title/how long)

Are you currently still doing that type of work? Yes / No

If no, describe any barriers preventing you from going back to that type of work:

Do you have any physical or mental health conditions that make it difficult for you to work or manage your money? If yes, describe:

List any other reasons you would like the judge to know about why it is difficult for you to earn enough income to pay your fines/fees off:

ASSETS

Do you own the following:

| | | | |
|---------------------------|-------------------------------|---|----------|
| Your Home: | Yes / No | Investments (stocks/bonds): | Yes / No |
| The land your home is on: | Yes / No | Other land/homes: | Yes / No |
| Vehicle: | Yes / No (With Loan Yes / No) | More than one vehicle: | Yes / No |
| Bank Accounts: | Yes/No Value: _____ | (Car, truck, motorcycle, Boat, ATV, etc.) | |

If you answered "Yes" to any of the answers in the box above, please describe this property:

EXPENSES

List your expenses. The Court may ask you to provide proof of these expenses, so bring proof with you to your cost hearing.

| Expense: | Amount: | Last time late (or amount behind): | Expense: | Amount: | Last time late (or amount behind): |
|-------------------------------|---------|------------------------------------|----------|---------|------------------------------------|
| Rent/Mortgage | _____ | _____ | | _____ | _____ |
| Utilities (Water/Phone/Power) | _____ | _____ | | _____ | _____ |
| Car payment | _____ | _____ | | _____ | _____ |
| Insurance | _____ | _____ | | _____ | _____ |
| Child care/expenses | _____ | _____ | | _____ | _____ |
| Medical Bills | _____ | _____ | | _____ | _____ |
| Insurance/Prescriptions | _____ | _____ | | _____ | _____ |

List any additional expenses:

Do you pay child support? Yes / No If so, how much per month? _____

Are you behind on child support? Yes / No If so, how much? _____

Do you have to pay any other expenses on these cases (restitution, DA fees, probation fees, drug test fees)? If yes, please describe.

When was the last time you had difficulty paying for food? What did you do?

When was the last time you had difficulty paying for housing? What did you do?

OTHER INFORMATION

A. Have you transferred or sold any assets since charges were filed in this case? Yes No

If so, describe the buyer and the amount received: _____

B. Have you retained counsel in this case or any other pending criminal case? Yes No

C. If so, state the case number, court, attorney and amount paid to attorney for services:

D. If you have posted bond, who provided the funds for the bond?

E. Do you have any friends or relatives who are able and willing to assist you in hiring counsel and paying for transcripts? Yes No

If so, have these persons been asked to help? Yes No

F. If a friend or relative has given previous financial assistance in this case, including the posting of bond, but is no longer able or willing to do so, an affidavit to that effect from that person shall be attached, stating why such help is no longer available.

Is that affidavit attached? Yes No

ATTORNEYS CONTACTED FOR REPRESENTATION

You must contact three (3) attorneys licensed to practice law in Oklahoma if you have been released on bond. The attorneys I have contacted are:

1. Name: _____ Date Contacted: _____

Can you afford to hire this attorney? Yes No

2. Name: _____ Date Contacted: _____

Can you afford to hire this attorney? Yes No

3. Name: _____ Date Contacted: _____

Can you afford to hire this attorney? Yes No

I declare under penalty of perjury that the information I have provided is true and correct. I understand that I may be prosecuted for providing false information in this Application.

I further swear and affirm that I am without funds or other sources of income to pay an attorney or to pay for transcripts and costs associated with this case. I understand I am under a continuing obligation to keep this Court informed of any changes in my financial status and this Court may conduct another hearing to determine my indigent status at any time. I further understand that this application is signed under oath and under penalty of perjury and that a false statement may be prosecuted as such.

Date

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____ 20_____.

State of Oklahoma
County of Canadian

Notary Public (or Clerk or Judge)

My Commission Expires _____

ORDER

The Court hereby appoints attorney _____ to represent the applicant in the above styled case(s) after an initial determination of indigency.

I hereby defer \$_____ of the \$40.00 application fee to attach as a court fee upon conviction.

JUDGE OF THE DISTRICT COURT

