

Client Name (First, Middle, Last)(Alias)			County of Case	
Address		City	State	ZIP Code
Best Phone Number	Email Address	Are you in Jail? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Number (s)	
Are you receiving any of the following government benefits? (select all that apply)				
<input type="checkbox"/> TANF* <input type="checkbox"/> Medical Assistance for the Elderly* <input type="checkbox"/> Supplemental Security Income (SSI)* *Note: If any of the benefits above are selected, attach supporting documentation and skip to the ACKNOWLEDGEMENT section. <input type="checkbox"/> None of the Above Benefits apply - Note: If this box is checked ALL fields below (questions 1-6) MUST be completed.				

INCOME AND ASSETS

1. Employment

Do you have a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Wage	Hours per Week	x 4.3	Monthly Earnings (before taxes)	Will You Still Have Job After Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Other Income

Within the past 12 months, have you received income from any other source, such as from self-employment, businesses, rent payments, tribal payments, mineral interests/royalties, interest, dividends, retirement benefits, social security or disability payments?

No Yes - List Source and Amount below

Source		Amount	
Does a spouse provide financial support to you? <input type="checkbox"/> No <input type="checkbox"/> Yes - List Amount:		Spouse Hourly Wage	Hours per Week
			x 4.3
		Monthly Earnings (before taxes)	

3. Property and Assets

Own Property or Have Additional Assets
 No Yes - see below

List all assets, approximate worth, and any loan against it:

Asset	Asset Worth	Amount Owed

4. Cash and Bank Accounts

Do you have any cash or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cash/Account Type	Amount
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5. Household Size

Number of People in your Home you are Financially Responsible For (people listed on your tax return)

6. Describe Extraordinary Financial Considerations

Explain

ACKNOWLEDGMENT

I have answered all questions honestly to the best of my knowledge and I am requesting a lawyer be appointed to represent me. I understand that the information supplied on this form is confidential. I also understand that if I have supplied false information in the application, it may lead to criminal prosecution. If counsel is appointed, I understand I have a continuing responsibility to inform the court of any changes in my financial condition, employment status, or household size. I understand that I made be responsible for costs associated with Public Defense services provided by the State. I understand that by signing this application I give authorization for investigation into my income, assets and benefits, and this form will serve as a release of information to any source which might have such information including, but not limited to, claim information from Workforce Safety and Insurance.

Signature	Date
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COURT USE ONLY (to be filled out by the Court)

Application Fee <input type="checkbox"/> Paid <input type="checkbox"/> Reduced to <input type="checkbox"/> Waived <input type="checkbox"/> Due	
Applicant is found to be (<i>only select one option</i>): <input type="checkbox"/> Not Eligible for indigent defense services because matter is not an authorized service (i.e. when a case is closed and nothing is currently pending before the Court). <i>Only select one.</i> <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Other - specify: <input type="checkbox"/> Not Indigent. The application for appointed defense services is denied. <input type="checkbox"/> Indigent. Counsel is to be provided by the ND Commission on Legal Counsel for Indigents. The Court hereby advises the applicant of the applicant's potential obligation to reimburse the Commission the amounts expended on behalf of the applicant.	
Judge of District Court or Designee	Date

INSTRUCTIONS FOR THE APPLICATION FOR INDIGENT DEFENSE SERVICES

REQUIRED FEE: You must pay a \$35 fee when submitting this application. The Court may waive or reduce the fee if you cannot pay the entire fee. If the fee is not waived and you do not pay the fee, the amount will be added onto any costs you are ordered to reimburse at the conclusion of your case.

NOTICE: You may be required to submit verification of your gross income. Verification of gross income includes one of the following:

1. most recent pay stub reflecting current wages, or
2. most recent W-2, or
3. most recent tax return, or
4. written statement from employer.

All questions must be answered, or the application will be denied, answers of zeros, slashes, or n/a will not be accepted.
Please reference the [guidelines located on the CLCI Website \(www.indigents.nd.gov\)](http://www.indigents.nd.gov).

INCOME AND ASSETS

1. Employment
If you have a job, list the amount you make before taxes.
2. Other Income
List any income received from sources referenced in guidelines (3a1).
Sources may include: social security payments, strike benefits from union funds, veteran's benefits, training stipends, alimony, child support, military family allotments, foster care payments, public or private employee pensions, regular insurance or annuity payments, income from dividends, interests, rents, royalties, trusts, unemployment compensation, state or county general assistance or home relief, money received from sale of real or personal property, non-cash benefits (food stamps), payments from rental of Indian Trust Land and Tribal per capita payments.
3. Property and Asset
Assets may include: annuities, assets owned with another person, business accounts, certificates of deposit, farm equipment, livestock, stored grain, any home or residence, tools or other equipment, inheritance, mineral rights, retirement funds, savings bonds, or mutual funds. **Please make sure to include any amount owed against property and assets.**
4. Cash and Bank Accounts
Please list all cash on hand, amounts in checking, savings and debit card accounts, credit union accounts or cash app accounts.
5. Household Size
Applicant, applicants spouse and children who are the legal responsibility of the applicant.
6. Describe Extraordinary Financial Considerations
Please share if income is seasonal, there are outstanding medical bills, or any other details that would impact income or the ability to pay for a private attorney.

**Applications need to be submitted to the clerk of court in the county in which an individual is charged.
For court locations please visit: <https://www.ndcourts.gov/court-locations>**