**JUVENILE DELINQUENCY**

**APPLICATION FOR PUBLIC DEFENDER**

Pursuant to §21-1-103(3), C.R.S., a processing fee of $25.00 may be collected by the court upon final disposition of the case.

Juvenile Delinquency Case Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Courtroom:\_\_\_\_\_\_\_ District:\_\_\_\_\_\_

Next Hearing Date/Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All sections must be completed. Please print neatly. If an item does not apply, write N/A.**

|  |  |
| --- | --- |
| **Juvenile Applicant** | **Responsible Party (Providing for Juvenile) Check One** |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License/ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ | Department of Human Services (If juvenile is in the custody of DHS no financial information necessary)Parent(s) Guardian(s) Legal Custodian(s) Juvenile (Income and assets of parent, guardian or legal custodian not available to juvenile)  |
| **Responsible Party’s Information (1)** | **Responsible Party’s Information (2)** |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License/ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_Marital Status: **\_\_** Single \_\_Married/Civil Union \_\_Divorced/Civil Union Dissolved \_\_Separated  | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License/ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_Marital Status: **\_\_** Single \_\_Married/Civil Union \_\_Divorced/Civil Union Dissolved \_\_Separated  |
| **Financial Information** |
| **Responsible Party (1) Total Number of Dependents**\_\_\_\_\_\_ | **Responsible Party (2) Total Number of Dependents**\_\_\_\_\_\_ |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Gross Household MONTHLY Income** | **Amount**  | **MONTHLY Expenses** | **Amount** |
| Self | $ | Rent/Mortgage | $ |
| Spouse/Partner/Others | $ | Groceries | $ |
| Retirement/Pension | $ | Utilities | $ |
| Alimony/Maintenance | $ | Transportation | $ |
| Trusts/Annuities | $ | Medical Related | $ |
| Gifts/Winnings | $ | Child Support | $ |
| Other Income (Describe. Use Reverse side if nec.) | $ | Other Expenses (Describe. Use Reverse side if nec.) | $ |
| **Total Income** | **$** | **Total Expenses** | **$** |

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| --- | --- | --- | --- |
| **Gross Household MONTHLY Income** | **Amount**  | **MONTHLY Expenses** | **Amount** |
| Self | $ | Rent/Mortgage | $ |
| Spouse/Partner/Others | $ | Groceries | $ |
| Retirement/Pension | $ | Utilities | $ |
| Alimony/Maintenance | $ | Transportation | $ |
| Trusts/Annuities | $ | Medical Related | $ |
| Gifts/Winnings | $ | Child Support | $ |
| Other Income (Describe. Use Reverse side if nec.) | $ | Other Expenses (Describe. Use Reverse side if nec.) | $ |
| **Total Income** | **$** | **Total Expenses** | **$** |

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| **Liquid Assets, Savings, Checking**(See definitions on page 2 for further information) | $ | **Liquid Assets, Savings, Checking**(See definitions on page 2 for further information) | $ |
| **I swear under penalty of perjury that to the best of my knowledge this information is true and complete. I understand that if the court grants this request, I may be ordered to reimburse the State of Colorado for attorney fees and other costs incurred in this matter.**Responsible Party (1) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Responsible Party (2) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office Use ONLY:**Signature of PD/Investigator/Clerk:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Automatically Eligible / In custody of DHS \_\_\_\_Eligible \_\_\_\_Not Eligible \_\_\_\_No Financial Information Provided by Responsible Party  |
| **For Judicial Officer ONLY:**\_\_\_\_Attorney Appointed/Juvenile in Custody of DHS/CSS \_\_\_\_Attorney Appointed/Met Eligibility \_\_\_\_Attorney Appointed/Best Interest\_\_\_\_Attorney Not Appointed \_\_\_\_Not-Indigent – PD or ADC Appointed due to Parent/Guardian/Lgl. Custodian Refusal to Obtain CounselSignature of Judicial Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**APPLICATION FOR PUBLIC DEFENDER**

**General Information**

It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. If a section does not apply, please write N/A.

1. **Gross Monthly Income.** Includes income from all members of the household who contribute monetarily to the common support of the household.
* **Income categories to include:**

Wages, including tips, salaries, commissions, payments received as an independent contractor for labor or services, bonuses, dividends, severance pay, pensions, retirement benefits, royalties, interest/investment earnings, trust income, annuities, capital gains, unemployment benefits, Social Security Disability (SSD), Social Security Supplemental Income (SSI), Workman’s Compensation Benefits, and alimony.

**Note:** Income from roommates should not be considered if such income is not commingled in accounts or otherwise combined with the applicant’s income in a fashion which would allow the applicant proprietary rights to the roommate’s income.

* **Income categories do not include:**

TANF payments, food stamps, subsidized housing assistance, veteran’s benefits earned from a disability, child support payments, or other public assistance programs.

1. **Liquid Assets.** Includes cash on hand or in accounts, stocks, bonds, certificates of deposit, equity, and personal property or investments which could readily be converted into cash without jeopardizing the applicant’s ability to maintain home and employment.

1. **Expenses.** Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included.  Allowable expense categories are listed on JDF 219.