

STATE OF MAINE

- UNIFIED CRIMINAL DOCKET
SUPERIOR COURT
DISTRICT COURT

County:
Location:
Docket No:

STATE OF MAINE /

vs

PRELIMINARY MOTION FOR ASSIGNMENT OF COUNSEL, AFFIDAVIT AND RELEASE

Defendant/Juvenile

MOTION & AFFIDAVIT

The undersigned requests the Court to assign an attorney at public expense, based on the following accurate information.

Name of person whose financial information appears on this affidavit:

Mailing Address

Date of Birth Home Phone Cell Phone Work Phone

Income:

Salary and wages (gross pay) \$ OR hourly wage \$
AND numbers of hours worked per week biweekly month other
Source of income/employer is: Employer (name & address) OR
Unemployment Social Security TANF Alimony/child support Other
If unemployed, last date employed and last place of employment

Assets:

Cash bail I posted (1st party) in this or any other case \$
Cash on hand \$ Cash in the Bank \$ Money owed to me \$
Property worth more than \$250 (include property owned alone or with any other person): House \$ (amt. owed on house \$)
Vehicle \$ Stocks \$ Recreational Vehicles \$ (boat, ATV, snowmobile)
Other \$

Expenses (Monthly):

Mortgage \$ Child Support \$ Utilities \$ Food \$
Cable \$ Credit Card \$ Loans \$ Heat \$
Rent \$ Cell Phone \$ Other \$

Check the following that apply

- I have (number) children who live with me for whom I pay support of \$ per
I live alone with another who is my spouse friend parent(s) other:
That person shares my living expenses and contributes \$ per week bi-weekly month other

I acknowledge that disclosure of my Social Security account number is mandatory under 36 M.R.S. §5276-A. My Social Security account number may be used to facilitate the collection of money that I may owe the State of Maine as a result of having had an attorney assigned to represent me if it is later determined that I am to be responsible for all or part of the attorney fees and costs.

SS Number Disclosure Required on separate form

The undersigned furnishes the above information to support the request for assignment of counsel. I have read the above form, I understand it, and the answers to the questions are true. I understand that any false answers on this form may subject me to criminal prosecution. I understand and agree that further investigation may be conducted, if necessary, to verify the information I have provided. I also understand that I have a continuing obligation, personally and through counsel, to report to the court and/or to the Maine Commission on Indigent Legal Services any changes in my employment or other financial circumstances.

Date:

Signature of Applicant

Subscribed and sworn to before me,

Notary, Clerk, Attorney, Judge/Justice

ORDER

- Motion Denied Applicant is not indigent There is no risk of jail
Motion Granted Attorney assigned to represent Defendant/Juvenile
Motion Granted: Applicant is partially indigent; and Applicant shall pay toward attorney's fees as follows:
\$ per week month biweekly other: up to a total of \$, starting
Maine Commission on Indigent Legal Services to determine rate of reimbursement.

ANY FIRST-PARTY BAIL MAY BE APPLIED TO OFFSET COUNSEL FEES AS SET OUT IN CR-006

Attorney is assigned to represent Defendant/Juvenile.

This ORDER may be reviewed and revised at any time based on new or different information.

REFER TO SCREENER: YES NO

Date: