

**PAGOSA SPRINGS MUNICIPAL COURT
APPLICATION FOR COURT-APPOINTED COUNSEL**

NON-REFUNDABLE FEE OF \$40.00 REQUIRED

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

Case Number: _____

Applicant	Applicant's Employer
Name _____	Company _____
Mailing Address _____	Mailing Address _____
Street Address (if different) _____	Street Address (if different) _____
City, State, Zip _____	City, State, Zip _____
Phone number _____	Phone Number _____ Position _____
Soc. Sec. No. _____ Birthdate _____	Length of Employment _____ Hours/Week _____
Driver's License No. _____ State _____	Pay Dates: _____ Pay Rate: \$ _____

Other Household Members (Spouse, Partner, Parent, etc.)	Other Household Member's Employer
Name _____	Company _____
Relation to Applicant _____	Mailing Address _____
Mailing Address _____	Street Address (if different) _____
Street Address (if different) _____	City, State, Zip _____
City, State, Zip _____	Phone Number _____ Position _____
Phone number _____	Length of Employment _____ Hours/Week _____
Soc. Sec. No. _____ Birthdate _____	Pay Dates: _____ Pay Rate: \$ _____
Driver's License No. _____ State _____	

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Civil Union Dissolved			
Total Number of Dependents (including yourself): _____			
Gross Monthly Income (See definitions on reverse for further information.)	Amount	Monthly Expenses (See definitions on reverse for further information.)	Amount
Self (wages, salary, commission)	\$ _____	Rent/Mortgage	\$ _____
Spouse/Partner/Other Household Members		Groceries	
Parents (if same household)		Utilities	
Unemployment Benefits		Clothing	
Social Security/Retirement Funds		Maintenance (Spousal/Partner Support) and/or Child Support	
Maintenance (Spousal/Partner Support)		Medical/Dental	
Other Income (see Page 2)		Other Expenses (identify source)	
Other Income (see Page 2)		Other Expenses (identify source)	
Total Household Income	\$ _____	Total Expenses	\$ _____

Assets	Amount	Description
Savings Account Balance	\$ _____	Name of Bank: _____
Checking Account Balance		Name of Bank: _____
Value of Vehicles		Year and Model: _____
Value of Recreation Vehicles		Amount Owed: \$ _____
Value of House		Type: _____
Value of Other Property		Type: _____
Value of Stocks, Bonds, Mutual Funds		Type: _____
Value of Other Investments		Year and Model: _____
Total Assets	\$ _____	Convertible to Cash = \$ _____

THE UNDERSIGNED SPECIFICALLY ACKNOWLEDGES AND AGREES: 1) All statements made in this application are made for the purpose of requesting Court Appointed Counsel; 2) The Court Clerk and/or the Judge may verify any information related to this application.

I SWEAR UNDER PENALTY OF PERJURY THAT THE ABOVE-CONTAINED INFORMATION IS TRUE AND COMPLETE.

APPLICANT'S SIGNATURE: _____ DATE: _____

▼▼▼ COURT USE ONLY ▼▼▼	
<input type="checkbox"/> At or below guidelines or <input type="checkbox"/> Above guidelines Request: <input type="checkbox"/> GRANTED or <input type="checkbox"/> DENIED	
Signature of judicial officer: _____	Date: _____

**PAGOSA SPRINGS MUNICIPAL COURT
APPLICATION FOR COURT-APPOINTED COUNSEL**

INSTRUCTIONS:

- 1) You **MUST** bring your **completed application** to your next court date.
- 2) You **MUST submit proof of income with your application**. Proof of income consists of:
 - a. Two months of previous pay stubs,
 - b. W2 form for previous year(s),
 - c. Tax return for previous year(s),
 - d. Workman Compensation benefits,
 - e. Two previous months bank statements (checking and savings),
 - f. Any other form of income or support that you receive, Social Security (SSI), Unemployment Benefits, Social Service Benefits, Food Stamp Benefits.
- 3) It is important that you accurately complete all sections of this form as appropriate based on your personal circumstances. Failure to do so may result in a denial of your application.
- 4) If a section does not apply, please write N/A.

GENERAL INFORMATION:

A. Gross Monthly Income. Includes income from all members of the household who contribute monetarily to the common support of the household.

- ♦ **Income from other Parties** should not be considered if such income is not commingled in accounts or otherwise combined or shared with the applicant's income in a way that would allow the applicant access to the roommate's income.

- ♦ **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.

- ♦ **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.

B. 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.

C. Expenses. Nonessential items such as cable television, club memberships, entertainment, dining out, alcohol, cigarettes, etc., **shall not** be included. Allowable expenses are categorized and listed on this application.