

STATE OF MAINE

SUPERIOR COURT

DISTRICT COURT

_____, ss

Location _____

Docket No. _____

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, etc.)

Other \$ _____

Expenses (Monthly)

Mortgage \$ _____ Child Support \$ _____ Utilities \$ _____ Food \$ _____

Cable \$ _____ Credit Card \$ _____ Loans \$ _____ Heat \$ _____

Rent \$ _____ Cell Phone \$ _____ Other \$ _____ 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: _____