

Madison County Assigned Counsel Program, Application for Assignment of Counsel

Eligibility is determined by answers. Please answer all questions the best you can

Client Information:

Name: _____

Age: _____ Date of Birth: _____ Sex: M or F

Mailing Address: _____

E-Mail Address _____ Phone Number: _____

Do you speak English? _____ Marital Status: _____

What City and Country were you born in? _____

Number of dependents in household: _____ (Include minors under the age of 26, adults who are caregivers, elderly or disabled)

Client Financial Information:

Do you receive any of the following: (circle all that apply) Public Assistance SSI/SSDI - Food Stamps - Medicaid

Occupation: _____ Name of Employer: _____

Address of Employer: _____

Amount of Net (take home) Pay \$ _____ per Weekly Bi-Weekly Month Year (circle one)

Current balance for Checking Account(s): _____ Savings Account(s): _____

Workers Comp: _____ Unemployment Benefits: _____

VA Benefits: _____ Pension: _____ 401K/Stocks/Bonds (Value): _____

Do you own your home? YES or NO Current Market Value: _____ Amount Owed: _____

Vehicle(s) Owned: _____ Current Market Value: _____ Amount Owed: _____

Monthly Expenses: Food \$ _____ Rent/Mortgage \$ _____ Car Payment \$ _____

Utilities (heat/internet/electric, etc.) \$ _____ Child Care/Support \$ _____ Medical Bills \$ _____

Credit Card/Installment Debts \$ _____ Tuition/Education Costs \$ _____ Alimony \$ _____

Client Signature: _____

ATTORNEY/COURT INFORMATION:

Counsel (filling out this form) _____ ADA _____

Today's Date: _____ Date Charged: _____ Case/Docket # _____

Court: _____ Judge: _____

Charges: _____ Next Court Date: _____

Appearance Notes/Disposition: _____

Custody/Bail Status:

ROR: _____ JAIL: _____ Remanded Without Bail: YES or NO

Cash \$ _____ Bond \$ _____

Screener: _____ **Client is:** Eligible or Not Eligible