

IN THE JUSTICE COURT, IN AND FOR
[] A LPINE CITY
[] HIGHLAND CITY
UTAH COUNTY, STATE OF UTAH
5400 W Civic Center Dr. Ste 4, Highland, Utah 84003

[] CITY OF ALPINE, :
[] CITY OF HIGHLAND, Plaintiff, : APPLICATION FOR APPOINTMENT
vs : OF COUNSEL AND AFFIDAVIT OF
____ : FINANCIAL CONDITION
____ : Case Number _____
____ :
Defendant. :

I, _____, on oath depose and state that I am accused
of the crime of _____ and request the
Court to appoint counsel to represent me at public expense. The following affidavit is submitted
of application:

PERSONAL

Name: _____ Telephone No. _____

Mailing address: _____

Age: _____ Marital Status: Single Married Divorced Widow(er)

Name of Spouse: _____ Live with spouse: Yes NO

Number and ages of dependants: _____

How long have you been a resident of this county? _____

Social Security Number _____

EMPLOYMENT HISTORY

Present employer: _____ Address: _____

Former employer: _____ Address: _____

Monthly earnings: \$ _____ Are you currently employed? _____

Total income for the past 12 months \$ _____ Are you in jail? _____

Hourly Wages: _____ Is your Spouse working? _____

If so name of employer and wages: _____

Are you self employed? Yes NO Monthly wages \$ _____

BANKING INFORMATION

Banking Institution: _____
Checking? Savings? Joint? Personal? Business?

Address of banking institution: _____

Balance on personal account \$ _____ Joint account balance \$ _____

Balance on account in spouse's name \$ _____ Balance in savings account \$ _____

Balance on business account \$ _____

MOTOR VEHICLES

Give make, year, value, amount owing thereon, if any and to whom the vehicle is registered or titled. Also give lien holder information, if any.

OTHER INCOME

List all sources of income, including salary, wages, pensions, bonds, stocks, securities, private business, farming, insurance, retirement benefits, or others: _____

Value ? _____ ADC, Welfare or other State assistance \$ _____

Real estate owned, other than homestead: _____ monthly

Value ? _____

Are you a beneficiary or heir in any estate of a person deceased? _____

Do you receive unemployment compensation ? _____ If so give the monthly amount\$ _____

DEBTS

List of Defendant's debts.

To Whom Owed	Amount	To Whom Owed	Amount

List Of Defendant's monthly expenses.

	Amount		Amount		Amount
Food		Gas		Other (list)	
Clothing		Water			
Transportation		Sewer			
Mortgage/Rent		Car Payment			
Electricity		Medical			

MISCELLANEOUS

Does anyone owe you any money at all for services you have rendered, or do you have title to any property which you claim to have interest as owner or otherwise? Give details in full:

I do solemnly swear or affirm that due to my poverty I am unable to bear the expense of the action or legal proceedings which I am about to commence and that I believe I am entitled to relief sought by the action or legal proceeding.

Being sworn, I state that I am the Defendant and that I have read this Affidavit and the statements in it are true and correct to the best of my knowledge.

Dated: _____

Signature of Defendant

Subscribed and sworn before me on _____

(seal)

JUDGE/ COURT CLERK/ NOTARY PUBLIC

Date: _____

Application Approved: _____

Judge

Public Defender Assigned to this case: _____

Application Denied: _____

Judge