

APPLICATION FOR PUBLIC DEFENDER SERVICES - Juvenile

State of Vermont Vermont Superior Court		Division FAMILY	Unit	Type of Case	Case Number
Name	First	Last	Name of Juvenile		
Mailing Address			Other Family Members Living with You (adults, child(ren))		
Town/City		State	Zip		
Telephone Number					
Date of Birth		Social Security Number		Total Number of Family Members in Household (including yourself)	

EMPLOYMENT	
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, fill in employer's name(s) and address(es) Hourly rate of pay \$ _____ Hours worked per week _____	Employer(s) Name(s) and Address(es):

INCOME	EXPENSES																																																																																										
<table style="width: 100%;"> <tr> <td style="width: 35%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 45%;"></td> </tr> <tr> <td>Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Any family members living with you receive assistance?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">Current Monthly Income</td> </tr> <tr> <td></td> <td style="text-align: center;">You</td> <td style="text-align: center;">Other Family Household Members Living with You</td> <td></td> </tr> <tr> <td>Gross Income from Wages</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Self-Employment/Business Income (other than wages)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Unemployment Compensation</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Public Assistance</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Other Income (Including Disability Insurance and Social Security)</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Total Income</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Total Monthly Income (Your income plus family household members)</td> <td colspan="2" style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Total Income in the past 12 months</td> <td colspan="2" style="text-align: right;">\$ _____</td> <td></td> </tr> <tr> <td>Is your income in the last 30 days significantly different from your monthly income during the previous year?</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="4">If YES, please explain the circumstances on the next page.</td> </tr> </table>		Yes	No		Do you receive Public Assistance? 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Yes <input type="checkbox"/>	No <input type="checkbox"/>		If YES, please explain the circumstances on the next page.				<p>If all adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below. Otherwise, enter your monthly household expenses.</p> <table style="width: 100%;"> <tr> <td>Rent or Mortgage Payment</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Electric Service</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Phone</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Fuel (heat and/or gas)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Food</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Clothing</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Medical</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Child Support</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Auto Loan Payments</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Property Taxes</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Insurance (include Health, Auto, etc.)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Other Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Expenses</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Rent or Mortgage Payment	\$ _____	Electric Service	\$ _____	Phone	\$ _____	Fuel (heat and/or gas)	\$ _____	Food	\$ _____	Clothing	\$ _____	Medical	\$ _____	Child Support	\$ _____	Auto Loan Payments	\$ _____	Property Taxes	\$ _____	Insurance (include Health, Auto, etc.)	\$ _____	Other Expenses	\$ _____	Total Expenses	\$ _____
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NOTICE: You may be ordered to pay a minimum fee towards the cost of your legal services even if you are receiving public assistance. You may ask the Court to reduce the amount you are ordered to pay.

Additional Assets:				
I have additional assets: Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, describe them below	
Vehicles	Make, Model, Year	Fair Market Value (FMV)	Amount Owed	Net Value
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____

