Form 358 Cr

Application for Public Defender Services

Notice: You may be required to provide proof of income. This may include a pay stub, a notice of decision from the Department for Children and Families, Economic Services Division, a copy of your income tax return for the prior year, or, if you have no income and did not file a return in the prior year, a sworn explanation of how you survive without income. This application is not confidential. However, any proof of income submitted to the court will remain confidential. The court may contact the Department of Taxes to verify taxable income.

State of Vermont	Court	Unit No.	Circuit/County	Type of Case F M MCr A	Docket Number
Name of Applicant			Date of Birth	Social Security Number	Telephone Number (Day)
Mailing Address			City, State, Zip Code		Telephone Number (Evening)

Name(s) of Family Household Members — Relationship

Total Number in Household

Total Number of Dependents

IMPORTANT

	Yes	No
Do you cohabit *** with anyone?		
Do you receive Welfare Aid*?		
Are you now on Probation or Parole?		

Relationship of Applicant to Cohabitant? _____

Income

	Previous 30 Days Applicant	Previous 30 Days Cohabitant	Previous 12 Months Applicant	Previous 12 Months Cohabitant
Gross Income from Wages				
Business Income less Expenses				
Unemployment Comp.				
Child Support				
Public Assistance*				
Other Income**				
Total				

TOTAL ANNUAL INCOME (A+B) $

* Public Assistance could include: TANF/Reach Up, SSI and General Assistance
** "Other" could include Disability Insurance and Social Security
*** "Cohabitant": adult family members living with applicant

Applicant's Employer: Name & Address

Cohabitant's Name

Cohabitant's Employer: Name and Address

Assets

Location of Real Estate Owned:

Fair Market Value - Outstanding Mortgage(s) = Net Worth
$ $ $

Motor Vehicles, Motorcycles, All Terrain Vehicles, Boats

Year Make/Model	Amount Owed	Net Worth
	$	$
	$	$

Cash on Hand	$
Checking Account(s): Bank Name & Acct. #	$
Checking Account(s): Bank Name & Acct. #	$
Savings Account(s): Bank Name & Acct. #	$
Other:	$
Other:	$
Other:	$

TOTAL ASSETS $

Monthly Expenses

Phone	
Rent	
Utilities/Fuel	
Food	
Clothing	
Medical	
Child Support	
Insurance: Home	
Health	
Auto	
Life	
Loan Payments: Motor Vehicles	
Home Mortgage	
Property Taxes	
Other Expenses	
Other:	
Other:	

TOTAL EXPENSES $

Request for Assignment of a Lawyer

I request the Court to assign a lawyer to represent me in this case. I further ask that all necessary costs and expenses for legal services, as allowed by the Court, be paid by the State of Vermont. I make the above answers UNDER PENALTY OF PERJURY.

Notice to Applicant

You will be ordered to pay a minimum of $25.00 toward the state's cost of providing the public defender even if you are receiving public assistance. If you feel you do not have the ability to pay the amount ordered or if the circumstances of your case make the amount inappropriate, you may ask the court clerk to reduce the amount.

Signature of Applicant **Date**

The above individual personally appeared before me and made oath to the truth of the above matters.

Notary Public **Date**

FINDINGS AND ORDER

☐ 1. The **Applicant is Not a Financially Needy Person** in that the applicant does have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to retain private counsel.

☐ 2. The **Applicant is a Financially Needy Person** in that the applicant does not have sufficient liquid assets, sufficient non-liquid assets which would provide collateral to borrow money, or sufficient income in excess of basic expenses to retain counsel.

If counsel is assigned to represent the applicant:

☐ a. Applicant has no ability to pay.

☐ b. The applicant is ordered to pay a total of $_____ for the services of counsel assigned by the court.

☐ c. The applicant is ordered to pay $_____ as a down payment ("co-payment"").

The applicant is ordered to pay the balance of the total payment ("reimbursement") to the Clerk of the Court within 60 days of the date of this Order. Any amount due 60 days from now will be sent to the VT Tax Department for tax offset and collection.

After reviewing the State's Attorney's information and the law enforcement officer's affidavit, the Court finds:

☐ 3. The applicant has been charged with a serious offense

☐ 4. The applicant has NOT been charged with a serious offense in that:

☐ a. The maximum penalty for the offense for which the applicant is charged does not include the possibility of a jail sentence or a fine in excess of $1,000.00.

☐ b. The Court has determined at arraignment, and stated on the record, that if the applicant is convicted, the Court will not sentence the applicant to a period of imprisonment or fine the applicant more than $1,000.00.

☐ In that the applicant is financially needy and has been charged with a serious offense, an attorney is assigned to represent the applicant. COUNSEL ASSIGNED *

☐ COUNSEL DENIED.

* Counsel may be revoked if co-payment or proof of income is not provided.

Court Clerk/Judicial Officer **Date**

Judge **Date**

Notice to Applicant: You are advised that you have the right to have the clerk's determination of financial need reviewed by the presiding judge and the right to have the court clerk's determination of the amount of the payment order reconsidered by the court clerk; you also have the right, after you have requested a review or reconsideration, to **appeal** both determinations to a Supreme Court Justice. You may do so by contacting the Clerk of the Supreme Court by telephone (802) 828-4774 or by sending a letter to: **109 State Street, Montpelier, VT 05601-0701.**

☐ **Verification of income received**

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Distribution: 1 copy Court; 1 copy Applicant; 1 copy Attorney Assigned; 1 copy State's Attorney