

# APPLICATION FOR PUBLIC DEFENDER SERVICES - Juvenile

<b>State of Vermont</b> Vermont Superior Court		Division <b>FAMILY</b>	Unit	Type of Case	Case Number
<b>Name</b>	First	Last		Name of Juvenile	
				<b>Other Family Members Living with You</b> (adults, child(ren))	
Mailing Address					
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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <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):  
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INCOME			EXPENSES	
	<b>Yes</b>	<b>No</b>	<b>If all adults living with you receive public assistance, it is <u>not</u> necessary to fill out the Expenses section below.</b> Otherwise, enter your <b>monthly</b> household expenses.	
Do you receive Public Assistance? (TANF/Reach UP; SSI, General Assistance)	<input type="checkbox"/>	<input type="checkbox"/>		
Any family members living with you receive assistance?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Current Monthly Income</b>				
	You	Other Family Household Members Living with You		
Gross Income from Wages	\$ _____	\$ _____	Rent or Mortgage Payment	\$ _____
Self-Employment/Business Income (other than wages)	\$ _____	\$ _____	Electric Service	\$ _____
Unemployment Compensation	\$ _____	\$ _____	Phone	\$ _____
Child Support	\$ _____	\$ _____	Fuel (heat and/or gas)	\$ _____
Public Assistance	\$ _____	\$ _____	Food	\$ _____
Other Income (Including Disability Insurance and Social Security)	\$ _____	\$ _____	Clothing	\$ _____
Total Income	\$ _____	\$ _____	Medical	\$ _____
<b>Total Monthly Income</b> (Your income plus family household members)	\$ _____		Child Support	\$ _____
<b>Total Income in the past 12 months</b>	\$ _____		Auto Loan Payments	\$ _____
Is your income in the last 30 days significantly different from your monthly income during the previous year?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	Property Taxes	\$ _____
If YES, please explain the circumstances on the next page.			Insurance (include Health, Auto, etc.)	\$ _____
			Other Expenses	\$ _____
			<b>Total Expenses</b>	\$ _____

Cash Assets		Other Assets	
		Real Estate (Location)	Auto (Make, Model, Year)
Cash On Hand	\$ _____		
Checking Account	\$ _____	Fair Market Value	\$ _____
Savings Account	\$ _____	Outstanding Mortgage/Loan	\$ _____
Total Cash Assets	\$ _____	<b>Net Value</b>	\$ _____

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

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Real Property	Description	Fair Market Value (FMV)	Mortgage	Net Value
		\$	\$	\$
		\$	\$	\$

Other Assets (tools, equipment, recreational vehicles, electronics, stocks, bonds, etc.)	Description	Fair Market Value (FMV)	Use additional sheets as necessary.
		\$	
		\$	

Other Employed Family Household Members		
Name of Family Member	Name of Employer	Employer's Address

**Change in Monthly Income:** If your current monthly income is significantly different from last year's income, please describe your current monthly income and the reasons why it changed.

My income last year (past 12 months) was:	\$
The income from other family household members last year was:	\$

**The reason for the change is:** (This section must be filled out if you have a change in income)

I request the Court assign a lawyer to represent ☐ me ☐ the juvenile in this case because of my low income. I further ask that all necessary costs and expenses for legal service, as allowed by the court, be paid by the State of Vermont. I declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury, or other sanctions in the discretion of the court.

Date	Applicant Signature	Applicant Printed Name
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**Determination of Financial Eligibility**

☐ Applicant is not a financially needy person in that applicant has sufficient income to retain private counsel and/or has sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.

☐ Applicant is a financially needy person in that applicant does not have sufficient income to retain private counsel and does not have sufficient liquid or non-liquid assets which could provide collateral to borrow funds to retain private counsel.

☐ Minimum Payment: Applicant's household income is **under** 125% of poverty. Applicant is ORDERED to pay the minimum payment of \$50 within 60 days unless this fee is waived by the Court.

☐ Immediate Copayment: Applicant's annual household income is **above** 125% of poverty and applicant has income and assets available to support an immediate copayment to cover a part of the cost of services.  
Applicant shall pay \$\_\_\_\_\_ to the Clerk of the Court.

☐ Reimbursement Order: Applicant's annual household income is **above** 125% of poverty and applicant has income and assets available to reimburse the state for the cost of services.  
Applicant shall pay \$\_\_\_\_\_ to the Clerk of the Court within 60 days of the date of this Order.

**NOTICE: If Public Defender Assessment and reimbursement is not fully paid within 60 days, any amount still due will be sent to the Tax Department for offset and collection agency.**

Signature of Clerk or Designee	Date
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**Findings and Order**

The Court has reviewed the Petition and Affidavit and finds that:

☐ The interests of justice require representation of the Juvenile.

☐ The interests of justice require representation of the Applicant.

☐ The interests of justice do NOT require representation of the Applicant.

**It is hereby ORDERED:**

☐ Counsel ASSIGNED to Juvenile.

☐ Counsel ASSIGNED to Applicant in that applicant is financially needy and the interests of justice so require.

☐ Counsel DENIED to Applicant.

Signature of Judge	Date
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**Notice of Right to Appeal:** You have the right to **appeal** this Order to the Judge of this Court. Your appeal must be in writing with the Clerk of this Court within 7 days of the date of this Order. You may appeal a Judge's decision to the Supreme Court.