



CIRCUIT COURT OF OREGON
Eighth Judicial District

Baker County Courthouse
1995 3rd Street, Suite 220
Baker City, OR 97814
(541) 523-6303

Gregory L. Baxter, Circuit Judge
Elaine A. Calloway, Trial Court Administrator
FAX (541) 523-9738

Applicant,

It is essential that you read the attached "Advice of Rights" and thoroughly complete the attached "Affidavit of Eligibility and Request for Court Appointed Counsel". Failure to complete the Affidavit thoroughly will result in denial of a court appointed attorney.

Please be advised there is a \$20.00 application fee due when you return this packet to the court.

Sincerely,

Elaine Calloway
Trial Court Administrator

ADVICE OF RIGHTS

Right to Be Represented By Counsel, Eligibility for Court-Appointed Counsel, Application Fee, and Contribution Amount

You (or your child in a juvenile delinquency, dependency, or termination of parental rights case) have the right to have an attorney represent you in court on this matter. You may be financially eligible to have an attorney appointed by the court.

The court may require you to pay a \$20 Application Fee to determine whether you are eligible for court-appointed counsel. This fee is due even if your request for appointment of counsel is denied. Payment of this fee is due in full today. This fee may, in limited circumstances, be waived.

The court will determine if you can afford to hire an attorney. If you are eligible to have an attorney appointed, the court will determine whether you are "eligible and indigent" or "eligible and able to contribute." If you have some available cash or liquid assets, but not enough to privately hire your own attorney, you may be ordered to pay a Contribution Amount to the court toward the cost of having court-appointed counsel.

If you are ordered to pay an Application Fee and a Contribution Amount, the amount ordered will be entered as a Limited or Supplemental Judgment in your case. Unless the Limited or Supplemental Judgment is later changed, you are required to pay these amounts regardless of the outcome of your case. Payment in full is due today.

You may request a hearing before the trial court at any time to contest any decision made on your application for appointment of counsel, including an order that you pay an Application Fee and a Contribution Amount. You also have a right to appeal a Limited or Supplemental Judgment ordering you to pay an Application Fee and a Contribution Amount. (See Notice and Advice of Right to Appeal [Form IDEF-402])

Appointment of counsel cannot be denied, delayed, or withdrawn because of failure to pay the Application Fee and Contribution Amount ordered.

Financial Information Required

In order for the court to decide whether you are eligible for court-appointed counsel, you must provide information about your income, expenses, property, debts, and dependents on a financial statement, called an "Affidavit of Eligibility" (form IDEF-200) or, in juvenile cases, a "Juvenile Uniform Application Contribution Affidavit" (form IDEF-500). Financial information on your spouse, if you have one, and others in your household may also be required. If you are charged with failure to pay court-ordered obligations, you may wish to talk to an attorney prior to completing the affidavit.

The financial information provided to the court will be reviewed. You (and generally your spouse) must sign releases of information. This allows the court to obtain information from others to verify your financial situation. You may also be asked to provide proof of debts, property, and income (such as recent wage stubs).

Your social security number is requested on the Affidavit of Eligibility. Your provision of this number is voluntary. You cannot be compelled to provide it nor denied court-appointed counsel for failure to provide it. However, providing your social security number will likely speed the processing of your request for court-appointed counsel. By providing your social security number, you are acknowledging that it may be used to verify your financial information, and it may be used for collection purposes.

Information you provide on the financial statement is held confidential from the general public. The releases of information allow your address to be given to court staff to update court records and allow verification of the financial information you provide. The information on the financial statement may be provided to the district attorney in limited circumstances (as noted below). The information you provide may be used by the court, the Oregon Department of Revenue, or their assignees, for the purpose of collecting delinquent amounts owed to the state.

Changes in Your Financial Situation and Possible Actions if You Provide False Financial Information

If your financial situation changes during your case, you must tell the court. The court may appoint counsel if counsel was previously denied, waive the Contribution Amount if an amount was ordered, or end the appointment of counsel.

If the court has reason to believe you knowingly provided false information, your financial statement may be sent to the district attorney for possible filing of criminal charges, your appointed attorney may be withdrawn and/or you may be required to repay the cost to the state of providing court-appointed counsel.

At the End of the Case—Recovery of Public Defense Costs

At the end of the case, you may be ordered to repay all or part of the cost of court-appointed services provided and not previously paid by you as a Contribution Amount. This is called "recoupment." Recoupment will be ordered if the court determines you are, or may be, financially able to repay these costs.

If you (or your child in a juvenile matter) are provided court-appointed counsel in any case in which the first accusatory instrument or petition was filed after January 1, 1998, you may, depending on your financial situation, be ordered to pay recoupment, regardless of the outcome of the case. If you are provided court-appointed counsel in a non-criminal case or in a limited number of criminal cases or probation violation proceedings in which the first accusatory instrument or petition was filed on or before January 1, 1998, you will not be ordered to pay recoupment unless you are convicted of a crime charged in the case.

If you are ordered to pay recoupment, any amount you have been ordered to pay as a Contribution Amount at the beginning of the case will offset or reduce the recoupment amount owed in the current action. Even if no recoupment is ordered, you will remain responsible for paying any \$20 Application Fee and a Contribution Amount previously ordered in a Limited or Supplemental Judgment that has not been paid, unless you petition the court for a full or partial waiver of the amount(s) previously ordered due to a change in your financial situation.

If your financial situation gets worse and you are unable to pay the recoupment amount or meet the schedule of payments ordered by the court, you may request a change in the repayment schedule or court order.

If you fail to pay the recoupment amount as ordered and:

- payment was a condition of probation, in addition to contempt of court and civil judgment enforcement remedies set out below, you may be ordered to show cause why your probation should not be revoked; or
- payment was not ordered as a condition of probation, the court may order you to show cause why you should not be held in contempt of court or the court, the Department of Revenue, or their assignees may pursue collection of the recoupment amount. All civil judgment debtor protections and exemptions will be available to you.

STATE OF OREGON

COUNTY OF _____

Spouse Victim

In Custody

Case No. _____

**AFFIDAVIT OF ELIGIBILITY* and
REQUEST FOR COURT-APPOINTED COUNSEL**
(Not Public Information)

Charges: _____

Case Name: _____

Case Type: _____

I am asking for appointment of an attorney in this case because I cannot pay for an attorney now without causing substantial hardship to myself or my dependent family. The following information is complete and accurate to the best of my knowledge, and I ask the court to use the information to decide whether I or my child can have an appointed attorney and payment of other defense costs at public expense. I understand that I can be required to document or verify this information. I understand that failure to do so could result in my request being denied, or if counsel has already been appointed, the withdrawal of counsel. I understand that if I do not tell the truth, I can be required to repay the cost to the state for providing court-appointed counsel and/or I can be charged with a crime, and if convicted, I can be incarcerated.

(ONLY IF NOT CRIMINAL OR PV)

BE SURE TO READ THE "ADVICE OF RIGHTS" FORM

PLEASE PRINT CLEARLY AND COMPLETE EVERY LINE BELOW THAT IS APPLICABLE TO YOU - IF SOMETHING DOES NOT APPLY, WRITE "NA"

1. PERSONAL

Full Name of Applicant: Last _____ First _____ Middle _____

Residence Address: _____ City _____ State _____ Zip Code _____

Mailing Address (if different): _____ City _____ State _____ Zip Code _____

Telephone No. _____ DOB: _____ SSN: _____ ODL/ID: _____

Sex: Female Male Marital Status: Married Single Separated Divorced Other _____

List the following information for everyone living in your household:

Name	Relationship	Age	Monthly Net Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. EMPLOYMENT AND INCOME

Present employer: _____ How long _____ Occupation _____
Address _____ Telephone No. _____
Hourly Wage _____ Average hours per week _____ Net (after tax) monthly income _____

Amount of Last Check: _____ If unemployed, how long since last employment _____

Previous employer: _____ How long _____ Occupation _____
Address _____ Net (after tax) monthly income _____

Spouse's employer: _____ How long _____ Occupation _____
Address _____ Telephone No. _____

Hourly Wage _____ Average hours per week _____ Net (after tax) monthly income _____

Amount of Last Check: _____ If unemployed, how long since last employment _____

Other income for you and spouse, dependents or household members; for example, Social Security, unemployment, retirement, public assistance, child support, workers' compensation, disability, etc.:

Source of Income - DESCRIBE	Amount	How long received	How often received
_____	_____	_____	_____
_____	_____	_____	_____

Other household members who help pay for your living expenses:

Name	Amount	Payment for what? - DESCRIBE
_____	_____	_____
_____	_____	_____

3. PROPERTY AND ASSETS OWNED BY YOU, SPOUSE AND DEPENDENTS

Cash	If in custody, amount in jail or trust account	
_____	_____	_____
Savings Account No. _____	Balance _____	Bank/Branch Office _____
Checking Account No. _____	Balance _____	Bank/Branch Office _____
Other Account No. _____	Balance _____	Bank/Branch Office _____

Real Estate:

Address, City	Year of Purchase	Purchase Price	Value	Amount Owed	Real Estate Payments Made to:
_____	_____	_____	_____	_____	_____

Credit Cards:

Card Name/Bank	Account No.	Current Balance	Credit Limit
_____	_____	_____	_____

Motor Vehicle:

Year, Make, Model	Value	Amount Owing	Vehicle Payments Made to
_____	_____	_____	_____

Are any of these motor vehicles used for work (other than driving to and from work)?

Yes No

All other property or assets; for example, luxury items, antiques, boats, guns, jewelry, tools, etc.:

Description	Value	Description	Value
_____	_____	_____	_____

Money owed to you or spouse by others; for example, tax refund, trust, settlement, judgment, etc.:

Name of Debtor	Amount Owed	Date Expected
_____	_____	_____

4. MONTHLY EXPENSES - List all expenses that are paid monthly by you individually or by you jointly with spouse:

Rent/Mortgage _____	Utilities _____	Food _____	Credit Card Payment(s) _____	Medical Debts _____
Car Payments _____	Insurance _____	Court-ordered fines/fees _____	Other _____	
Child Care _____	Child Support _____	Name of children/ages: _____		

5. APPLICANT HISTORY

I have _____ security/bail posted on this or other pending cases.

Have you ever requested a court-appointed attorney before this application? Yes No

If "yes," my request for a court-appointed attorney was: Approved Denied

In which county was your request? _____ Date _____ Charge(s) or type of case _____

I understand that I may be required to pay a \$20 application fee for the processing of this application. If I receive the services of a court-appointed attorney, I understand that I may be required to pay a contribution amount and/or I may be required to reimburse the state for reasonable court-appointed attorney fees and costs regardless of the outcome of the case. Any order for payment of these fees or costs will be based upon my financial ability to pay such fees and costs. I understand I may request the court waive all or part of the potential fees and costs.

I acknowledge receipt of the Advice of Rights form by initialing as follows: _____

I certify and affirm that I have read the information contained in this form, personally completed this application or requested its completion, and that all statements contained herein are true and complete.

DATE

SIGNATURE OF APPLICANT

Applicant has completed this affidavit.

Applicant has requested or allowed court/release office personnel to complete affidavit utilizing information the applicant has provided.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

CLERK OF COURT

ORIGINAL: Court File or Verification

COPIES: Verification or Court File
Applicant
Court-Appointed Counsel



STATE OF OREGON
FOR THE COUNTY OF _____

RELEASES TO
OBTAIN INFORMATION
FOR VERIFICATION

Case No(s): _____

SECTION 1

I understand that the court verifies my employment and financial situation to determine my eligibility for a court-appointed attorney. I understand that some of the information necessary for this verification is contained in records that may be protected by federal and state law. Because of this, I have signed releases below which allow public and private organizations and individuals to provide the court or its designee with requested information. I understand that organizations and individuals that may be contacted include, but are not limited to, those listed below:

Social Security Administration

Department of Motor Vehicles

Workers' Compensation, Disability Provider

Private Disability Insurance Provider

Release Assistance Office

Banks, Savings and Loans, Credit Unions (requesting savings, stocks, bonds, checking, loan, and credit information including copies of applications.

State Department of Revenue

Employment Department(s)

Adult and Family Services Division

Private Life Insurance Provider

Credit Card Companies

Mortgage Holders

Utility Companies

Landlords

Past Employers

Credit Bureaus

Schools and Colleges

Other _____

SECTION 2

Specifically, by signing this release, I authorize the court or its designee to directly contact my current employer(s) by telephone or in writing and to release and utilize my address and Social Security number, if provided, as needed by the court or its designee. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE _____

SIGNATURE OF APPLICANT _____

SECTION 3

RELEASE OF INFORMATION AUTHORIZATION

Name _____

Social Security No: _____

Date of Birth _____

I understand that my records may have information that is protected by federal and state law. By signing below, I am allowing the release of my records directly to the court or its designee named above. I understand the reason for the request and disclosure of my records. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release. A photocopy or facsimile (FAX) of my signature is as valid as the original.

DATE _____

SIGNATURE OF APPLICANT _____

SECTION 4

EMPLOYMENT DEPARTMENT RELEASE OF INFORMATION AUTHORIZATION

Name _____

Social Security No: _____

Date of Birth _____

I authorize the Employment Department, State of Oregon, to release to the court or its designee named above, information from my records on file with the Employment Department. I understand that this release remains in effect six months or until my case(s) is concluded or until I send a written request to the court revoking the release.

DATE _____

SIGNATURE OF APPLICANT _____

LIMITED/SUPPLEMENTAL JUDGMENT FOR PAYMENT OF AN APPLICATION FEE/CONTRIBUTION AMOUNT (ACP)
NOTICE OF RIGHT TO SEEK REVIEW BY THE TRIAL COURT AND ADVICE OF RIGHT TO APPEAL

Under ORS 137.020(5), we are advising you of your right to appeal and of the procedure for protecting your right to appeal a Limited or Supplemental Judgment for ACP.

RIGHT TO SEEK TRIAL-LEVEL REVIEW

Under ORS 151.487(5), you may ask for an immediate review of any ACP amount ordered to be paid by submitting a written request for reconsideration by the local trial court. This request may be submitted at any time while your case is pending at the trial court level.

RIGHT TO APPEAL

Under ORS 19.205(1), you also have a right to appeal to the Court of Appeals a Limited or Supplemental Judgment entered pursuant to ORS 151.487 ordering you to pay an ACP amount in connection with your request for court-appointed counsel. Your court-appointed counsel, if any, CANNOT assist you in submitting this request.

PROCEDURES FOR PROTECTING YOUR RIGHT TO APPEAL TO THE COURT OF APPEALS

The Oregon Revised Statutes and Oregon Rules of Appellate Procedures control appeals to the Court of Appeals in Salem. You could lose your right to appeal by not following them. The Oregon Rules of Appellate Procedure and forms for appeal may be accessed at <http://www.ojd.state.or.us>.

Within 30 days from the entry date of this court's judgment in the court register, you, or a retained attorney on your behalf, must:

1. Prepare a written and signed notice of appeal.
2. Serve copies of the notice of appeal on all parties, including the district attorney and the trial court administrator. If you want the transcript of oral proceedings to be part of the record on appeal, a copy of the notice of appeal must be served on the office of the trial court administrator, "Attention: Transcript Coordinator." Even if an audio or video record was made of the oral proceedings, rather than a stenographic record, serve the transcript coordinator with a copy of the notice of appeal.
3. File the original, signed notice of appeal and proof of service for the service listed in No. 2 above with the State Court Administrator, Appellate Court Records Section, 1163 State Street, Salem, OR 97301-2563.
4. Pay the filing fee required by the Court of Appeals.

While your case is on appeal, the trial court, if you ask, may stay your financial obligations. The Court of Appeals, if you ask, may stay your financial obligations pending appeal.

Filing for an appeal to the Court of Appeals will not stay or otherwise delay your underlying trial-level case.

Defendant's/Applicant's signature indicates receipt of form: _____ Date _____

NORA - Notice Advice Appeal Rights